


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L04000024492 1. Entity Name BELA LLC	
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Principal Place of Business 1384 VICTORIA ISLE DR. WESTON, FL 33327 US	Mailing Address 1384 VICTORIA ISLE DR. WESTON, FL 33327 US
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-LLC		CR2E083 (12/07)
4. FEI Number 81-0647309	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BONADUCE, ELIZABETH S
4177 STAGHORN LANE
WESTON, FL, FL 33327

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000903396
04/30/08-80045-008 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONADUCE, ANA M 8442 SW 137TH ST MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONADUCE, MARIA B 1384 VICTORIA ISLE DR. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BONADUCE, ELIZABETH S 4177 STAGHORN LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAAB, MATTHEW T 4177 STAGHORN LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ana Maria Bonaduce* ANA BONADUCE **1/15/08** (305) 259 3979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #