


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # L04000080890**

1. Entity Name  
 BELLA VERDE GOLF CLUB, LLC



Principal Place of Business 401 EAST JACKSON STREET, SUITE 2200 ATTN: LAWRENCE J. BAILIN TAMPA, FL 33602	Mailing Address 401 EAST JACKSON STREET, SUITE 2200 ATTN: LAWRENCE J. BAILIN TAMPA, FL 33602
---	---

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-1856158	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BAILIN, LAWRENCE J  
 401 EAST JACKSON STREET, SUITE 2200  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEW CITIES LAND COMPANY, INC. 100 PASADERA DRIVE MONTEREY, CA 93940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PROFESSIONAL LAND DEVELOPMENT, LLC 5700 SADDLEBROOK WAY, SUITE 314 WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000599790  
 01/25/07-80041-011 55.00

**DO NOT WRITE IN THIS SPACE**

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:**  **1-16-07 831-655-5000**

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