

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063749

FILED
Apr 26, 2006
Secretary of State

Entity Name: BELLA TUSCANY OF CAPE CORAL, LLC

Current Principal Place of Business:

26251 SOUTH TAMIAMI TRAIL
SUITE #6
BONITA SPRINGS, FL 34134

New Principal Place of Business:

2395 HARMONY LANE
UNIT 101
NAPLES, FL 34109

Current Mailing Address:

26251 SOUTH TAMIAMI TRAIL
SUITE #6
BONITA SPRINGS, FL 34134

New Mailing Address:

2395 HARMONY LANE
UNIT 101
NAPLES, FL 34109

FEI Number: 20-3063324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAUDILL, JAMES F ESQ
4933 TAMIAMI TRAIL NORTH
SUITE #200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'MALLEY, SHANE
Address: 26251 SOUTH TAMIAMI TRAIL, SUITE #6
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: MGR () Delete
Name: PETERSEN, JERRY L
Address: 2395 HARMONY LANE, UNIT #101
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'MALLEY, SHANE
Address: 2110 MCCORMICK ROAD
City-St-Zip: WEST LAFAYETTE, IN 47906 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JERRY L PETERSEN

MGR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date