

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047101

FILED
Apr 29, 2009
Secretary of State

Entity Name: BELLA HOMES OF TAMPA BAY, LLC

Current Principal Place of Business:

12911 SHADOW RUN BLVD
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

12911 SHADOW RUN BLVD
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 43-2104953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABRAHAM, KELLY R
12911 SHADOW RUN BLVD
RIVERVIEW, FL 33569 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: MGRM () Delete
Name: ABRAHAM, KELLY R
Address: 12911 SHADOW RUN BLVD
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM () Delete
Name: DUMONT, MARIE
Address: 2224 NO. RIDGEWOOD AVE.
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: STEVENS, LEIGHTT J
Address: 12008 PEACH GROVE CT
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: STEVENS, LEIGH J
Address: 12008 PEACH GROVE CT
City-St-Zip: SEFFNER, FL 33584

I hereby certify that the information supplied with this filing does not qualify 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: KELLY R ABRAHAM

MGRM

04/29/2009

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