2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000001316

1. Entity Name
ADDOME BELLA, LLLP

Principal Place of Business	Mailing Address
4270 LAKE IN THE WOODS DR. SPRING HILL, FL 34607	4270 LAKE IN THE WOODS DR. SPRING HILL, FL 34607

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302004   Chg-LP   CR2E003 (10/03)

4. FEI Number
82-0568697

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VITTONE, NANCY 7445 COOL BREEZE COURT SPRING HILL, FL 34607	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.   DATE

9. Capital Contributions as Shown on record. $0.00	10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME VITTONE, NANCY STREET ADDRESS 7445 COOL BREEZE COURT CITY-ST-ZIP SPRING HILL, FL 34607	STREET ADDRESS CITY-ST-ZIP	900037870269 06/11/04--01022--023 **141.25
DOCUMENT # NAME DOHERTY, NICOLE STREET ADDRESS 10005 HAYES STREET CITY-ST-ZIP SPRING HILL, FL 34608	STREET ADDRESS CITY-ST-ZIP	2051 Waterfall Dr. Spring Hill, FL 34608
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _Nancy Vittone_   4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #

STAPLE CHECK HERE