
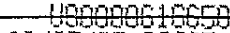


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001316					
1. Entity Name ADDOME BELLA, LLLP					
Principal Place of Business 4270 LAKE IN THE WOODS DR. SPRING HILL, FL 34607			Mailing Address 4270 LAKE IN THE WOODS DR. SPRING HILL, FL 34607		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VITTONI, 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 _____				DATE _____	
<p>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</p>					
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	VITTONI, NANCY				
	7445 COOL BREEZE COURT		CITY-ST-ZIP		
	SPRING HILL, FL 34607				
DOCUMENT #	NAME		STREET ADDRESS		
	DOHERTY, NICOLE				
	2051 WATERFALL DR.		CITY-ST-ZIP		
	SPRING HILL, FL 34608			 02/07/07-80037-009 500.00	
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____			Date		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			1/30/07		

STAPLE CHECK HERE