


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90558 011 ****50.00

DOCUMENT # L0000003925

1. Entity Name
STRADA BELLA DEVELOPMENT, LLC



Principal Place of Business
**2043 TRADE CENTER WAY
 NAPLES, FL 34109**

Mailing Address
**2043 TRADE CENTER WAY
 NAPLES, FL 34109**

2403004U



2. Principal Place of Business
5942 Barclay Lane

3. Mailing Address
5942 Barclay Lane

Suite, Apt. #, etc.

03152004 Chg-LLC CR2E083 (10/03)

City & State
Naples, FL

City & State
Naples, FL

Zip
34110

Country
Collier

Zip
34110

Country
Collier

4. FEI Number
59-3638160

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HCRM CORP.
 2200 CORPORATE BLVD. NW, SUITE 401
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
Matthew L. Grabinski, Esq.

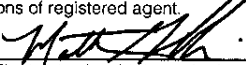
Street Address (P.O. Box Number is Not Acceptable)
Goodlette Coleman & Johnson, P.A.

4001 Tamiami Trail North, Suite 300

City
Naples

FL Zip Code
34103

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  **MATTHEW L. GRABINSKI** **3/16/04**

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, 2004**

**Make check payable to
 Florida Department of State**

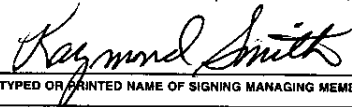
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUAVE, JOHN F 2043 TRADE CENTER WAY NAPLES, FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Raymond Smith 5942 Barclay Lane Naples, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: 

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