

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90196 016 ****50.00

DOCUMENT # L00000014438 1. Entity Name BELLA VISTA DEVELOPMENT, LLC					
Principal Place of Business 5700 LAKE WORTH ROAD SUITE 211 LAKE WORTH, FL 33463			Mailing Address 5700 LAKE WORTH ROAD SUITE 211 LAKE WORTH, FL 33463		
2. Principal Place of Business 14334 Wellington Trace Suite, Apt. #, etc.			3. Mailing Address 14334 Wellington Trace Suite, Apt. #, etc.		
City & State Wellington Florida		City & State Wellington Florida		4. FEI Number 65-1063581	
Zip 33414		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRADE, ALFONSO 13755 GREENTREE TRAIL WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Andrade, Alfonso Street Address (P.O. Box Number is Not Acceptable) 14334 Wellington Trace City Wellington FL Zip Code 33414	
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 <u>Alfonso Andrade, Mgrm</u> DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, ALFONSO 5700 LAKE WORTH ROAD, #211 LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14334 Wellington Trace Wellington, FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, PATRICIA M 5700 LAKE WORTH ROAD, #211 LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14334 Wellington Trace Wellington FL 33414	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, PATRICIA M 5700 LAKE WORTH ROAD, #211 LAKE WORTH, FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14334 Wellington Trace Wellington FL 33414	☐ Change ☐ Addition
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11. 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 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: <u>Alfonso Andrade</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 02/13/2006 Daytime Phone # 333-1285		