## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010311

BELLA BAIA, LLC

Principal Place of Business

3292 GREEN DOLPHIN LN NAPLES, FL 34102

Mailing Address

335 FERRY BLVD STRATFORD, CT 06615

**FILED** Feb 16, 2004 08:00 AM Secretary of State



02022004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3729164 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

NOVATT, JEFF M ESQ. C/O CHEFFY, PASSIDOMO, WILSON & JOHNSONLLP 821 FIFTH AVE., SOUTH NAPLES, FL 34102

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8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agen) signature required when reinstaling)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2004			
9,	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALCE, ANTHONY H JR. 3292 GREEN DOLPHIN LN NAPLES, FL 34102	-	U00000054891 02/17/04-80014-017 55.00	
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TITLE NAME STREET ADDRESS				

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 it 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR