

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90307 029 \*\*\*\*55.00

**DOCUMENT # L01000010311**

1. Entity Name  
**BELLA BAIA, LLC**



Principal Place of Business  
**515 TERRACINA WAY  
NAPLES, FL 34119**

Mailing Address  
**515 TERRACINA WAY  
NAPLES, FL 34119**

**60014846**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3729164**

Applied For  
Not Applicable

5. Certificate of Status Desired

**R**

**\$5.00** Additional  
Fee Required

**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**

**DO NOT WRITE  
IN THIS SPACE**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**MANAGING MEMBER**  
**ANTHONY SALCE JR**  
(NOTE: Registered Agent signature required when reappointing)

**2-6-07**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SALCE, ANTHONY H JR.  
3292 GREEN DOLPHIN LN  
NAPLES, FL 34102**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

**2-6-07**  
Date

**239-304-1161**  
Daytime Phone #