
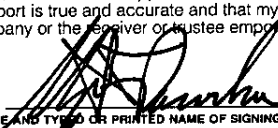


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90107 006 ****50.00

DOCUMENT # L01000013988					
1. Entity Name BELLA VERDE, L.L.C.					
Principal Place of Business 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446			Mailing Address 15340 JOG ROAD SUITE 100 DELRAY BEACH, FL 33446		
2. Principal Place of Business 5350 W. Atlantic Ave. Suite, Apt. #, etc. 100		3. Mailing Address 5350 W. Atlantic Ave. Suite, Apt. #, etc. 100			
City & State Delray Beach, FL		City & State Delray Beach, FL		4. FEI Number 30-0032437	
Zip 33484		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KORN GARY, ESQ. 20801 BISCAYNE BLVD. AVENTURA, FL 33180			7. Name and Address of New Registered Agent 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLA VERDE INC 15340 JOG RD DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bella verde INC. 5350 W. Atlantic Ave. Suite 100 Delray Beach, FL 33484
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  Stephen F. Lacoche, VP BELLA VERDE INC. 1-29-04 561 6383600					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					