

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000021349 1. Entity Name CASABELLA NATIONAL STUDIO, LLC	
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Principal Place of Business 16300 NE 19TH AVE 221 MIAMI, FL 33162	Mailing Address 16300 NE 19TH AVE 221 MIAMI, FL 33162
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC GR2E083 (12/07)

4. FEI Number 33-1030979	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, SERGIO
 1850 SOUTH OCEAN DRIVE
 APT. 1110
 HALLANDALE BEACH, FL 33009

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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 _____

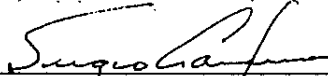
FILE NOW!!! FEE IS \$138.75 - After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDENAS, SERGIO 16300 NE 19TH AVE STE 221 N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDENAS, MARILIZA 16300 NE 19TH AVE STE 221 N. MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000791076
 01/23/08-80059-019 138.75

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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:  1/19/08 305-919-9320

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