## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L02000032071 **DOCUMENT #** 

1. Entity Name

BELLO LAGO, LLC



## **FILED** Apr 16, 2003 8:00 am Secretary of State 04-16-2003 90040 013 \*\*\*\*50.00

930	AMOUNT.	19 F	<b>公约图54</b> 00			A STATE OF	2515-2-11	STATE OF	555,17	2,3460		44.35	1000	1200	991	P. Carlo		\$500 B	1138	120,000	20,000	3	(E31) (E5	1000	AND BEEN	64.6		AND N	SHEET HE
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L.			JI JAG							
2. Principal Pl	ace of Business	3. Mailing Address		STATES AND						
27300 Riv Suite, Apt. 1 Suite 201		27300 Rivervi Suite, Apt. #, etc. Suite 201	iew Cen	ter Blvd.	DO NOT WRITE IN THIS SPACE					
City & State	)	City & State			4. FEI Number	<u> </u>	Applied For			
	orings, FL	Bonita Spring			55-0810185	Not Applicable				
Zip 3 <b>4134-43</b> 1	6 USA	Zip <b>34134–431</b> 6	Count USA	<u> </u>	5. Certificate of Status Desired		55.00 Additional ee Required			
					7. Name and Address of Current	Registered	Agent			
	DO NOT I	/DITE		Name <b>Joh</b> r	n S. McGarvey					
on the state of th	DO_NOT_V	VKULE -		Street Address (I	P.O. Box Number is Not Acceptable	,				
	IN THIS S	PACE	-	2730	00 Riverview Center	Blvd.				
		IAVE		Suit	te 201					
				City Boni	ita Springs	FL	34134-4316			
8. The above	named entity submits this statement	for the purpose of changing	its registere	d office or register	ed agent, or both, in the State of Flor	rida. I am fai	miliar with, and accept			
	ons of registered agent.		-	J						
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SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable.				DATE				
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	MANAGING MEME	DEDC (MANAGERS								
9.		SENS/MANAGENS		1						
TITLE NAME	Managing Member		TITLE.							
STREET ADDRESS	John S. McGarvey	1 7 8004	<b>建物</b>	T ADDRESS			100			
CITY-ST-ZIP	27300 Riverview C	**		ST-ZIP						
	Bonita Springs, F	L_34134-4316	2500 militario (1500 militario							
TITLE NAME	Member		TITLE							
STREET ADDRESS	Joanne H. McGarve	έγ		T ADDRESS						
CITY-ST-ZIP	27300 Riverview C		The state of the s	ST-ZIP			14 2 1			
TITLE	Bonita Springs, F	L 34134-4316	TITLE		en e					
NAME			NAME				•			
STREET ADDRESS				T ADDRESS	BO WOTA					
CITY-ST-ZIP			- CITY-	ST- ZIP	DO NOT I	MKII	-E			
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TITLE			TITLE							
NAME			NAME							
STREET ADDRESS			C-22.00 2000	T ADDRESS						
CITY-ST-ZIP			CITY-S	ST-ZIP		State Additional Section				

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John S. McGarvey

4/10/03

239-992-8940

Daytime Phone #