

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016579

Entity Name: BELLAGIO 202, LLC

FILED  
Mar 15, 2006  
Secretary of State

**Current Principal Place of Business:**

568 9TH STREET SOUTH, SUITE 137  
NAPLES, FL 34102

**New Principal Place of Business:**

568 9TH STREET SOUTH  
SUITE 137  
NAPLES, FL 341026620

**Current Mailing Address:**

568 9TH STREET SOUTH, SUITE 137  
NAPLES, FL 34102

**New Mailing Address:**

568 9TH STREET SOUTH  
SUITE 137  
NAPLES, FL 341026620

FEI Number: 81-0614461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOODLETTE, COLEMAN & JOHNSON, PA  
4001 TAMIAMI TRAIL NORTH  
SUITE 300  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BURKE, NORMAN C  
Address: 568 9TH STREET SOUTH, SUITE 137  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BURKE, NORMAN C  
Address: 568 9TH STREET SOUTH, SUITE 137  
City-St-Zip: NAPLES, FL 341026620

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN C BURKE

MGR

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date