


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000029965
 1. Entity Name
 BELLE MIRANDA, LLC



Principal Place of Business Mailing Address
 1970 E. OSCEOLA PARKWAY, SUITE 274 1970 E. OSCEOLA PARKWAY, SUITE 274
 KISSIMMEE, FL 34743 US KISSIMMEE, FL 34743 US



03112005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3771657	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
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRANDA, BRIGITTE 1970 E. OSCEOLA PARKWAY, SUITE 274 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEGUERO, BENITA 1970 E. OSCEOLA PARKWAY, SUITE 274 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONSTANZO, INGRID 1970 E. OSCEOLA PARKWAY, SUITE 274 KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/21/05-80048-011.50.00

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: Brigitte Miranda BRIGITTE MIRANDA 4-13-05 407-344-2242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #