

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029965

Entity Name: BELLE MIRANDA, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

1970 E. OSCEOLA PARKWAY, SUITE 274
KISSIMMEE, FL 34743 US

New Principal Place of Business:

Current Mailing Address:

1970 E. OSCEOLA PARKWAY, SUITE 274
KISSIMMEE, FL 34743 US

New Mailing Address:

FEI Number: 04-3771657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: MIRANDA, BRIGITTE
Address: 1970 E. OSCEOLA PARKWAY, SUITE 274
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR () Delete
Name: PEGUERO, BENITA
Address: 1970 E. OSCEOLA PARKWAY, SUITE 274
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGR () Delete
Name: CONSTANZO, INGRID
Address: 1970 E. OSCEOLA PARKWAY, SUITE 274
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIGITTE MIRANDA

MGR

04/25/2006

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