## **FILED** 2005 LIMITED LIABILITY COMPANY Apr 30, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L03000030405** LA BÉLLA VISTA, LLC Principal Place of Business Mailing Address 4700 W PROSPECT ROAD 4700 W PROSPECT ROAD #106 #106 FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 04282005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0288632 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, FAUSTO E DO NOT WRITE 240 LAKEVIEW DRIVE #305 WESTON, FL 33326 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 (NOTE; Registered Agent signature required when reinstitling) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 3.00 LOPEZ, FAUSTO R STREET ADDRESS 1335 ST TROPEZ CIRCLE # 102 CITY-ST-ZIP WESTON, FL 33326 //00000349912 05/02/05-80085-007 50.00 MGR TITLE FEBRES, INES M NAME STREET ADDRESS 1335 ST TROPEZ CIRCLE CITY-ST-ZIP WESTON, FL 33326 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 inustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

STREET ADDRESS CITY-ST-ZIP

04/26/2005

950-731-3357

Daytime Phone #