

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000031393

FILED
Jan 18, 2006
Secretary of State

Entity Name: BELLA VISTA ROCKLEDGE, LLC

Current Principal Place of Business:

96 WILLARD STREET
SUITE 302
COCOA, FL 32922 US

New Principal Place of Business:

3415 SHADY RUN ROAD
MELBOURNE, FL 32934 US

Current Mailing Address:

PO BOX 1807
COCOA, FL 32923 US

New Mailing Address:

3415 SHADY RUN ROAD
MELBOURNE, FL 32934 US

FEI Number: 20-1771087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARI, RICHARD S
96 WILLARD STREET
SUITE 302
COCOA, FL 32922 US

Name and Address of New Registered Agent:

WELSH, KEN R
3415 SHADY RUN ROAD
MELBOURNE, FL 32934 US

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: KEN R. WELSH

01/18/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELSH, KEN
Address: C/O AMARI & THERIAC, PA, PO BOX 1807
City-St-Zip: COCOA, FL 32923 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WELSH, KEN R
Address: 3415 SHADY RUN ROAD
City-St-Zip: MELBOURNE, FL 32934 US

Title: MGRM () Change (X) Addition
Name: THERIAC, JAMES
Address: 96 WILLARD STREET
City-St-Zip: COCOA, FL 32922

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: KEN R. WELSH

MGRM

01/18/2006

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