## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 50.00 Apr 20, 2005 08:00 AM Secretary of State

			~ E.	·
DOCUMENT #  1. Entity Name KAZABELLA, L.L.C.		79		
Principal Place of Business 5394 W. 16TH AVENUE HIALEAH, FL 33012	<u>-</u> –	Mailing Address 5394 W. 16TH AVENUE HIALEAH, FL 33012	•=	

## DO NOT WRITE IN THIS SPACE

03182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 80-0075699

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MALFELD, GARY D 8420 N.W. 52ND STREET, SUITE 107

## DO NOT WRITE

MIAMI, FL	33166		IN THIS SPACE		
8. The above named only 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 eccept the obligations of registered agent.					
Signature, typed or printed name of registered agent and life if applicable.		(NOTE Registered	Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2005					
9.	MANAGING MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBISPO, MIGUEL 5394 W. 16TH AVENUE HIALEAH, FL 33012		1,000000319268 04/20/05-80033-003 <sub>,</sub> 55.00		
HTLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTINEZ, ROGĒLIO - 8420 N.W. 52ND STREET, #107 MIAMI, FL 33166				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ag Age of the	DO NOT WRITE		
Title Name Stheet Address City+St-Zip		<u> </u>	IN THIS SPACE		
TITLE NAME STREET AODRESS CITY - ST - ZIP			· -		
TITLE NAME STREET AQURESS CITY-ST-7IP	and the tree of complete countied with the filling deep got of	was a	motion stated in Section 119 07/3(ii) Florida Statutes I further certify that the information		

I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 11 bit 10/13/10, Florida statules. Floriner certify that the information is made and accurate and that my signature shall have the same legal effect as it 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: SIGNATURE AND TYP PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENT ATIVE

305-8283099

Daytime Phone #