

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034912

Entity Name: COSI BELLO, LLC

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

1637 MERROWAY LANE
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

288 W. SILVERTHORN LANE
ST. AUGUSTINE, FL 32095

Current Mailing Address:

1637 MERROWAY LANE
ST. AUGUSTINE, FL 32095

New Mailing Address:

288 W. SILVETHORN LN.
ST. AUGUSTINE, FL 32095

FEI Number: 05-0596622

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAUGHAN, KELLY M
1637 MERROWAY LANE
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

BERQUIST, GRETCHEN F
288 W. SILVERTHORN LANE
ST. AUGUSTINE, FL 32095 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: GRETCHEN F. BERQUIST

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERQUIST, GRETCHEN F
Address: 288 WEST SILVERTHORN LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGRM () Delete
Name: VAUGHAN, KELLY M
Address: 1637 MERROWAY LANE
City-St-Zip: ST. AUGUSTINE, FL 32095

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: VAUGHAN, KELLY M
Address: 10907 RIDGEGATE LANE
City-St-Zip: KNOXVILLE, TN 37931

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: GRETCHEN F. BERQUIST

MGRM

04/17/2006

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