

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

01-28-2005 90071 033 ****50.00

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DOCUMENT # L03000035551 1. Entity Name BELLAGIO SHOPPES, LLC					
Principal Place of Business 4522 EXECUTIVE DR SUITE 103 NAPLES, FL 34119 US			Mailing Address 4522 EXECUTIVE DR SUITE 103 NAPLES, FL 34119 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDMAN, ELLEN A ESQ. 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108			Name David R. Bartley, Sr. P.A. Street Address (P.O. Box Number is Not Acceptable) 4522 Executive Dr. Suite 103 City Naples FL Zip Code 34119		
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 David R. Bartley Sr. (NOTE: Registering Agent signature is required when renewing) DATE 2/28/05					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAHIM, MAHMOUD 4885 FAIRVIEW CT WEST BLOOMFIELD, MI 48322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABDULHUSSAIN, RAYA H. 4885 FAIRVIEW CT WEST BLOOMFIELD, MI 48322 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: M Rahim <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 1/21/05 <small>Date</small>		Daytime Phone #: 248 5398417 <small>Daytime Phone #</small>