

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90349 016 \*\*\*\*50.00

DOCUMENT # L03000035551

1. Entity Name  
BELLAGIO SHOPPES, LLC



Principal Place of Business *C/O CPM* Mailing Address  
4522 EXECUTIVE DR SUITE 103 13131 University Drive 4522 EXECUTIVE DR SUITE 103  
NAPLES, FL 34119 US NAPLES, FL 34119 US  
*Fort Myers, FL 33907* *C/O CPM*  
*13131 University Drive*

2. Principal Place of Business - No P.O. Box # 3. Mailing Address *Fort Myers, FL 33907*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country



04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0288954 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
RAHIM, MAHMOND MD  
7117 PELICAN BAY BLVD, APT 1508  
NAPLES, FL 34108  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHIM, MAHMOUD		NAME		
STREET ADDRESS	4885 FAIRVIEW CT		STREET ADDRESS		
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABDULHUSSAIN, RAYA H.		NAME		
STREET ADDRESS	4885 FAIRVIEW CT		STREET ADDRESS		
CITY-ST-ZIP	WEST BLOOMFIELD, MI 48322		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Samuel K. Van Nieuwen* 4/16/07 489-3303x284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #