2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048986

Entity Name: BELLA BISCAYNE LLC

P.O. BOX 520682

MIAMI, FL 331520682

Address:

City-St-Zip:

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10511 NORTH KENDALL DRIVE MIAMI, FL 33176 **Current Mailing Address: New Mailing Address:** P.O. BOX 520682 MIAMI, FL 331520682 FEI Number: 56-2451966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VIAS, MARTHA 10271 SW 72ND STREET, STE. 102-D MIAMI, FL 33173 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ALOS, ANDRES F Name: Name: 10271 SW 72ND STREET, STE. 102-D Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VIAS, MARTHA Name: Address: 10271 SW 72ND STREET, STE. 102-D Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PADRON, RAFAEL SR. Name: Name: 10271 SW 72ND STREET, STE. 102-D Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PADRON, RAFAEL JR. Name: 10271 SW 72ND STREET, STE. 102-D Address: Address: City-St-Zip: MIAMI, FL 33173 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition MACHADO, LUIS Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LUIS MACHADO MGRM 04/03/2007