

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048986

Entity Name: BELLA BISCAYNE LLC

FILED  
Jan 04, 2008  
Secretary of State

## Current Principal Place of Business:

10511 NORTH KENDALL DRIVE  
MIAMI, FL 33176

## New Principal Place of Business:

305 ALCAZAR AVE  
SUITE 3  
CORAL GABLES, FL 33134 US

## Current Mailing Address:

P.O. BOX 520682  
MIAMI, FL 331520682

## New Mailing Address:

305 ALCAZAR AVE  
SUITE 3  
CORAL GABLES, FL 33134 US

FEI Number: 56-2451966

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VIA, MARTHA  
10271 SW 72ND STREET, STE. 102-D  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

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:

Title: MGRM ( ) Delete  
Name: ALOS, ANDRES F  
Address: 10271 SW 72ND STREET, STE. 102-D  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: VIA, MARTHA  
Address: 10271 SW 72ND STREET, STE. 102-D  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: PADRON, RAFAEL SR.  
Address: 10271 SW 72ND STREET, STE. 102-D  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: PADRON, RAFAEL JR.  
Address: 10271 SW 72ND STREET, STE. 102-D  
City-St-Zip: MIAMI, FL 33173

Title: MGRM ( ) Delete  
Name: MACHADO, LUIS  
Address: P.O. BOX 520682  
City-St-Zip: MIAMI, FL 331520682

## ADDITIONS/CHANGES:

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

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

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

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

Title: MGRM (X) Change ( ) Addition  
Name: MACHADO, LUIS  
Address: 305 ALCAZAR AVE SUITE # 3  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: LUIS MACHADO

MGRM

01/04/2008

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