2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000055228

1. Entity Name

BELLA ROSA PROPERTIES, LLC



Principal Place of Business

Mailing Address

516 PATRICIA AVENUE Dunedin, FL 34698 516 PATRICIA AVENUE Dunedin, Fl. 34698

FILED May 11, 2006 8:00 am Secretary of State

05-11-2006 90019 039 ***150.00



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1714818 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLUCCI, SAM C 516 PATRICIA AVENUE DUNEDIN, FL 34698

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	, ;-		
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. Lam familiar with, and accept the obligations of registered agent.			
SIGNATURE_	Signature, typed or prated name of regetered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM ROMA SQUARE, INC. 516 PATRICIA AVENUE DUNEDIN, FL 34698		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREÉT ADDRESS 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 of truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #