

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008000

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: LABELLA VISTA OF CLEARWATER, LLC

## Current Principal Place of Business:

200 BRIGHTWATER DRIVE  
UNIT 2  
CLEARWATER, FL 33767 US

## New Principal Place of Business:

130 WOODCREEK CR. E.  
SAFETY HARBOR, FL 34695 US

## Current Mailing Address:

200 BRIGHTWATER DRIVE  
UNIT 2  
CLEARWATER, FL 33767 US

## New Mailing Address:

130 WOODCREEK DR. E.  
SAFETY HARBOR, FL 34695 US

FEI Number: 20-0671447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROGERS, ROLAND  
200 BRIGHTWATER DRIVE  
UNIT 2  
CLEARWATER, FL 33767 US

## Name and Address of New Registered Agent:

ST. CLAIR, STEPHEN L  
130 WOODCREEK DR. E.  
SAFETY HARBOR, FL 34695 US

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: STEPHEN L. ST. CLAIR

03/13/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ROLAND, ROGERS  
Address: 200 BRIGHTWATER DRIVE  
City-St-Zip: CLEARWATER, FL 33767 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ST. CLAIR, STEPHEN L  
Address: 130 WOODCREEK DR. E.  
City-St-Zip: SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: STEPHEN L. ST. CLAIR

MGRM

03/13/2007

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