2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-10-2005 90035 012 ****50.00 FILED L04000033549

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DOCUMENT # L04000033549 1. Entity Name BELLA LUCE' DESIGN, LLC							RETAIL OF AHASSEE F		ı		
Principal Place of Business 13626 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787				Mailing Address 13626 SUNSET LAKES CIRCLE WINTER GARDEN, FL 34787			110000000000000000000000000000000000000			· · ,	
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02212005	Chg-LLC	CR2E0	83 (10/03)		
City & State			City & State			4. FEI Number 20-1076				oplied For ot Applicable	
Zíp	Zip Country			Zip	Cip Country		5. Certificate o	of Status Desired		\$5.00 Ack Fee Require	
	≠√6. Namo	and Address of C	urrent Regi	stered Agent		Name	7. Name and	Address of New R	egistered A	gent	
13626 SU		ES CIRCLE					(P.O. Box Number	r is Not Acceptable)		
WINTER	SARDEN, I	FL, FL 34787				City				Zip Cod	
8. The above	named entity	Submits this stated	ment for the	purpose of changing i	is register	1	red agent or both	in the State of Flo	FL	1	
the obligation	tions of registe	ered agent.			is register	ad omog or registr	nec agant, or bott	i, in the State of Fio	iliya. Taliti	arninai wigi,	ano accept
	Signature, typed o	or printed name of registers	ed agent and title	d applicable. (NC	YF. B.		4 5 1 4 4 5		DATE		
					/ E: Negume	nd Agent signature require	ICI when remetating)				· — · — -
	lling Fee Is ue by May	1, 2005			· ,		ति अनेवते त्कानदाड्याच्य		o check pa	ayable to ant of Stat	6
9.	ue by May	\$ \$50.00 1, 2005 MANAGING M	MEMBERS/M	MANAGERS	10.		C when renetating)		o check pa Departme	ent of Stat	
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9. TITLE NAME STREET ADDRESS	MGR MCLAUGH 13626 SUN WINTER G MGR BONNIN, F 8520 CED	MANAGING M HLIN, DEBORAH NSET LAKES CII BARDEN, FL 341	L RCLE	MANAGERS	10. TITLE NAM STRE CITY TITLE NAM STRE	E IE EET ADORESS '-ST-ZIP E	O which remessing)	Florida	o check pa Departme	ent of Stat	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 eath; 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: WOTON MUNICIPAL MANAGER OF AUTHORIZED MANAGER OF AUTHOR

3/7/05

321-239-339