


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90185 015 \*\*\*\*50.00

<b>DOCUMENT # L04000039517</b> 1. Entity Name <b>CASA BELLA DEVELOPMENT OF ANNA MARIA ISLAND, LLC</b>	
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Principal Place of Business <b>6485 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228-1413</b>	Mailing Address <b>46 N. WASHINGTON BOULEVARD SUITE 1 SARASOTA, FL 34236</b>
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02202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1305232</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BOULEVARD SUITE 1 SARASOTA, FL 34236</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JOHNSON, RON 6485 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM JOHNSON, VIRGINIA 6485 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 or trustee 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

**FEB. 26, 2007 941-387-7136**  
Date Daytime Phone #