



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

50.00

DOCUMENT # L04000053684 1. Entity Name BELLA BRISA, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR -1 AM 8:32	
Principal Place of Business 2515 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118				Mailing Address 2515 SOUTH ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 7407 Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/04)			
City & State Daytona Beach Shores, FL		City & State Daytona Beach Shores, FL					
Zip 32116	Country Volusia	Zip 32116	Country Volusia				
6. Name and Address of Current Registered Agent HADLEY, RALPH V III 1031 W. MORSE BLVD., SUITE 350 WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name Douglas M Cook Street Address (P.O. Box Number is Not Acceptable) 2741 S. Atlantic Ave City Daytona Beach Shores FL Zip Code 32118			
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 <u><i>Douglas M Cook</i></u> 2-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005							
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DOUGLAS M P.O. BOX 7407 DAYTONA BEACH SHORES FL 32116-7407 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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: <u><i>Douglas M Cook</i></u>				2-21-05 386-547-5702			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							