

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED  
Mar 10, 2008 08:00 A  
Secretary of State**

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000053684</b>            |  |
| 1. Entity Name<br><b>BELLA BRISA, LLC</b> |                                                                                   |

|                                                                                                 |                                                                         |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br><b>2900 SOUTH ATLANTIC AVE<br/>DAYTONA BEACH SHORES FL 32118</b> | Mailing Address<br><b>PO BOX 7407<br/>DAYTONA BEACH SHORES FL 32118</b> |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|



|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

1st MOORE CR2E083 (10/07)

|                                                                                                                                  |  |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>20-1407587</b>                                                                                               |  | Applied For<br><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<br><b>COOK, DOUGLAS M<br/>2900 SOUTH ATLANTIC AVE<br/>DAYTONA BEACH FL 32118</b> |  | 7. Name and Address of New Registered Agent            |
|                                                                                                                                  |  | Name                                                   |
|                                                                                                                                  |  | Street Address (P.O. Box Number is Not Acceptable)     |
|                                                                                                                                  |  | City                                                   |
|                                                                                                                                  |  | FL Zip Code                                            |

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 \_\_\_\_\_ (NOTE: Registered agent's signature required when changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008, Fee Will Be \$538.75  
Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS                     |                                                                                                                          | 10. ADDITIONS / CHANGES                            |                                                                                                                         |
|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRM<br/>COOK, DOUGLAS M<br/>P.O. BOX 7407<br/>DAYTONA BEACH SHORES FL 32116-7407</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U000000855260<br/>03/27/08-80041-011 138.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                       |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **3-6-08 386-547-5702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Declared Phone #