
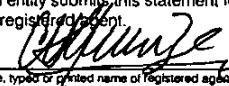
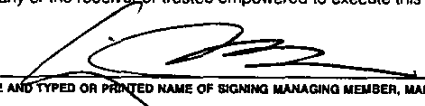


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 APR -8 PM 2: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000070669 1. Entity Name CALI BELLA LLC		
Principal Place of Business 4359 GRETCHEN PLACE LAKE WORTH, FL 33463 US		Mailing Address 4359 GRETCHEN PLACE LAKE WORTH, FL 33463 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 03052005 Chg-LLC CR2E083 (10/03)
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GONZALEZ, CARLOS 4359 GRETCHEN PLACE LAKE WORTH, FL 33463		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 		DATE 04/04/05
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, ADRIANA 4359 GRETCHEN PLACE LAKE WORTH, FL 33463	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700054110317 05/09/05--01065--013 **50.00
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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: 		DATE 04/04/05 DAYTIME PHONE # 781-6495060