


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000075937  
 1. Entity Name  
 BELLA PROPERTIES 34, LLC



Principal Place of Business: 14260 W. NEWBERRY ROAD, #346 NEWBERRY, FL 32669  
 Mailing Address: 14260 W. NEWBERRY ROAD, #346 NEWBERRY, FL 32669

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1878299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BELTZ, BILLY M JR  
 14260 W. NEWBERRY ROAD, #346  
 NEWBERRY, FL 32669

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is \$50.00  
 Due by May 1, 2006**

1000000515768  
 04/23/06-00222-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELTZ, BILLY M JR 14260 W. NEWBERRY ROAD, #346 NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELTZ, SUSAN 14260 W. NEWBERRY ROAD, #346 NEWBERRY, FL 32669
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Billy M. Beltz, Jr. Date: 4/12/06 352-538-0865  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE