2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 09, 2006 08:00 AM Secretary of State DOCUMENT # L04000080965 1. Entity Name STELLA DEEBELLA, LLC Principal Place of Business Mailing Address 159 GULFSTREAM DRIVE 159 GUEFSTREAM DRIVE TEQUESTA, FL 33469 TEQUESTA, FL 33469 02042006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EINHORN, PETER DO NOT WRITE 159 GULFSTREAM DRIVE TEQUESTA, FL 33469 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Rigistered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR TITLE EINHORN, PETER NAME STREET ADDRESS 159 GULFSTREAM DR TEQUESTA, FL 33469 U00000427633 02/21/06-80014-020 50.00 CITY-ST-ZIP TITLE POLLACK, DRUE NAME STREET ACCRESS 159 GULFSTREAM DR CITY-ST-ZIP TEQUESTA, FL 33469 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-Z# TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the Information indicated on this report is trae 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 flability company of the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED