## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000002866

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

MGRM

MGRM

() Delete

2700 GLADES CIRCLE SUITE #119

( ) Delete

2700 GLADES CIRCLE, SUITE #119

FERRUFINO, ADRIANA

WESTON, FL 33327 US

WESTON, FL 33327 US

VARGAS, OSCAR

Entity Name: BELLAVISTA HOMES, L.L.C.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 941 N.E. 19TH AVENUE, STE. 208 FT. LAUDERDALE, FL 33304 **Current Mailing Address: New Mailing Address:** 941 N.E. 19TH AVENUE, STE. 208 FT. LAUDERDALE, FL 33304 US FEI Number: 20-3438797 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VARGAS, OSCAR POTENTI, ALESSANDRO 2700 GLADES CIRCLE 941 NE 19TH AVE SUITE #208 **SUITE #119** FORT LAUDERDALE, FL 33304 US WESTON, FL 33327 US 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. SIGNATURE: ALESSANDRO POTENTI 04/30/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete POTENTI, ALESSANDRO Name: Name: 2700 GLADES CIRCLE, SUITE #119 Address: Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: POTENTI, VERONICA Name: Address: 2700 GLADES CIRCLE, SUITE #119 Address: City-St-Zip: WESTON, FL 33327 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

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SIGNATURE: ALESSANDRO POTENTI MGR 04/30/2007