

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003486

Entity Name: CASA BELLA DEVELOPERS, L.L.C.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

20170 PINES BLVD
302
PEMBROKE PINES, FL 33029

New Principal Place of Business:

8079 S. SAVANNAH CIRCLE
DAVIE, FL 33328

Current Mailing Address:

20170 PINES BLVD
302
PEMBROKE PINES, FL 33029

New Mailing Address:

8079 S. SAVANNAH CIRCLE
DAVIE, FL 33328

FEI Number: 37-1502665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, RICARDO
20170 PINES BLVD
302
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

GOMEZ, RICARDO
8079 S. SAVANNAH CIRCLE
DAVIE, FL 33328 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:

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOMEZ, RICARDO
Address: 20170 PINES BLVD #302
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: C & G FAMILY VENTURE, S - ANTHONY D C ASERTA
Address: 12121 NE 16 AVENUE
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOMEZ, RICARDO
Address: 8079 S. SAVANNAH CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: RICARDO GOMEZ

MR.

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date