


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 18, 2006 8:00 am
Secretary of State

08-01-2006 90064 012 ****50.00

DOCUMENT # L05000012111

1. Entity Name
BELLA MIA AMORE, LLC



Principal Place of Business Mailing Address
4836 CERROMAR DRIVE NAPLES FL 34112 **4836 CERROMAR DRIVE NAPLES FL 34112**



1st MOORE CR2E083 (10/05)

2. Principal Place of Business 3. Mailing Address
5628 STRAND BLVD **5628 STRAND BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
804 **# B03**

City, State City, State
NAPLES FL **NAPLES FL**
 Zip Country Zip Country
34119 Collier **34119 Collier**

4. FEI Number Applied For
20-2287385 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES FL 34103

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ State **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: *Beverly Furlanetto* DATE: _____
Signature, typed or printed name of the registered agent and title is applicable. (NOTE: Registered Agent signatures required when transferring)

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURLANETTO, BEVERLY M 4836 CERROMAR DRIVE NAPLES FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURLANETTO, ROBERT 4836 CERROMAR DRIVE NAPLES FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURLANETTO, BEVERLY M 1878 IVORY CANE POINTE NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURLANETTO, ROBERT 1878 IVORY CANE POINTE NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Beverly M. Furlanetto* *Robert Furlanetto* 8/18/06 239-566-9610
SIGNATURES TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Daytime Phone #