

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017939

Entity Name: BELLA-CASA, LLC

FILED
Jun 17, 2007
Secretary of State

Current Principal Place of Business:

16547 SE 95TH ROAD
S-10
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

16547 SE 95TH ROAD
S-10
OCKLAWAHA, FL 32179

New Mailing Address:

16547 SE 95TH STREET ROAD
S-10
OCKLAWAHA, FL 32179

FEI Number: 20-2370415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BROWN, GEORGIA W
16547 SE 95TH ROAD
S-10
OCKLAWAHA, FL 32179 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, GEORGIA W
Address: 16547 SE 95TH ROAD, S-10
City-St-Zip: OCKLAWAHA, FL 32179

Title: MRG () Delete
Name: FRENCH, EDWARD L
Address: 851 BERGEN AVENUE, STE 2
City-St-Zip: JERSEY CITY, NJ 07306

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FRENCH, EDWARD L
Address: 851 BERGEN AVENUE, STE 2
City-St-Zip: JERSEY CITY, NJ 07306

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: GW BROWN

MGR

06/17/2007

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