


2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L05000050807		
1. Entity Name BELLA LAWN OF PALM COAST L.L.C.		

AMENDED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:11

Principal Place of Business 25 PINE CONE DR SUITE 3A PALM COAST, FL 32164	Mailing Address 900 CANOPY WALK LANE #924 PALM COAST, FL 32173
---	--

2. Principal Place of Business 40 Barrister Lane Suite, Apt. #, etc.	3. Mailing Address 40 Barrister Lane Suite, Apt. #, etc.
--	--



City & State PALM COAST, FL	City & State PALM COAST, FL
Zip 32137	Zip 32137
Country USA	Country USA

04122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 86-1165712 25-0970685 delete	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent ROSATI, BRAD 900 CANOPY WALK LANE #924 PALM COAST, FL 32173	
--	--

7. Name and Address of New Registered Agent Name DAVE TRIFONE Street Address (P.O. Box Number is Not Acceptable) 40 Barrister Lane City PALM COAST FL Zip Code 32137	
---	--

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 <i>Dave Trifone</i>	DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSATI, BRAD 900 CANOPY WALK LANE #924 PALM COAST, FL 32173 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSATI, ROBERT 900 CANOPY WALK LANE #924 PALM COAST, FL 32173 <input checked="" 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	MGR DAVE TRIFONE 40 BARRISTER LANE PALM COAST, FL 32137 <input type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

000074068610
05/05/06--01038--005 ***61.25

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Dave Trifone</i>	DATE	Daytime Phone #
--------------------------------	------	-----------------