


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083749**  
 1. Entity Name  
**BELLA FUENTE, LLC**



Principal Place of Business      Mailing Address  
 1621 80TH STREET NORTH      1621 80TH STREET NORTH  
 ST. PETERSBURG, FL 33710      ST. PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**



02042007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-3715380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BERMAN, ROBERT A  
 1621 80TH STREET NORTH  
 ST. PETERSBURG, FL 33710

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**

L00000638429  
02/27/07-80031-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRR
NAME	BERMAN, ROBERT A
STREET ADDRESS	1621 80 STREET N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33710
TITLE	MGRM
NAME	SANCHEZ, JASON
STREET ADDRESS	6121 80STREET N.
CITY-ST-ZIP	ST.PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X *Robert A. Berman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_