

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90036 035 \*\*\*\*50.00

<b>DOCUMENT # L05000087486</b> 1. Entity Name <b>BELLA VISTA DEL MAR BY OBAKE, LLC</b>			
Principal Place of Business <b>390 S. FIRST STREET JACKSONVILLE BEACH, FL 32250</b>		Mailing Address <b>390 S. FIRST STREET JACKSONVILLE BEACH, FL 32250</b>	
2. Principal Place of Business <b>408 Beach Blvd</b>		3. Mailing Address <b>408 Beach Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville Beach, FL</b>		City & State <b>Jacksonville Beach, FL</b>	
Zip <b>32250</b>		Zip <b>32250</b>	
Country <b>Dual</b>		Country <b>Dual</b>	
4. FEI Number <b>76-0800591</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MILLER, JOHN MCE. 390 S. FIRST STREET JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent Name <b>Catalfo, Timothy L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>390 S. First Street</b> City <b>Jacksonville Beach</b> <b>FL</b> Zip Code <b>32250</b>	
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 <b>x [Signature]</b> <small>Signature typed or printed name of registered agent and title if applicable.</small>		DATE <b>x 04.28.06</b> <small>(NO FC Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBAKE CONSTRUCTION SERVICES, INC. 390 S. FIRST STREET JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>408 Beach Blvd Jacksonville Beach, FL 32250</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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: <b>x [Signature]</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <b>x 04.28.06</b> x 909 339.0252 <small>Daytime Phone #</small>	

**20043566**



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