


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90150 048 ***138.75

DOCUMENT # L06000032031 1. Entity Name BELLA CASA PARK OF COMMERCE, LLC					
Principal Place of Business 15051 S. TAMiami TRAIL SUITE #203 FORT MYERS, FL 33908 US			Mailing Address 15051 S. TAMiami TRAIL SUITE #203 FORT MYERS, FL 33908 US		
2. Principal Place of Business - No P.O. Box # 2824 Valencia Way Suite, Apt. #, etc.		3. Mailing Address 2824 Valencia Way Suite, Apt. #, etc.			
City & State Fort Myers FL		City & State Fort Myers FL		4. FEI Number 20-4585480	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADKINS, EDWARD D 15051 S. TAMiami TRAIL SUITE #203 FORT MYERS, FL 33908			7. Name and Address of New Registered Agent Name Steven G. Levine Street Address (P.O. Box Number is Not Acceptable) 2824 Valencia Way City Fort Myers FL Zip Code 33901		
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: <u><i>Stan P. Sami</i></u> DATE: <u>3/19/08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, EDWARD D <input checked="" type="checkbox"/> Delete 15051 S. TAMiami TRAIL, SUITE 203 FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete Steven G. Levine 2824 Valencia Way Fort Myers, FL 33901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete Lawrence Berford 8221 Glades Road # 101 Boca Raton, FL 33434		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: <u><i>Stan P. Sami</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date: <u>3/21/08</u> Daytime Phone # _____	

60018913



03182008 Chg-LLC CR2E083 (12/06)