2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # L06000040945 1. Entity Name BELLA VIDA PLAZA, LLC						04-17-2008	3 901 69 (922 ***1:	38.75
Principal Place		Mailing Address	-						
240 71ST AVENUE St. Pete Beach, FL 33706		240 71ST AVENUE St. Pete Beach, Fl 33706					5000	4229	•
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142008	Chg-LLC	CR2E08	33 (12/06)		
City & State		City & State		<u></u>	4. FEI Number 20-4746	and the second second		<u> </u>	plied For t Applicable
Zip	Country	Zip Country		try		f Status Desired		5.00 Addi	itional
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Ro			
NIV IOSE	DU C			Name					
NIX, JOSEPH E 240 71ST AVENUE -ST. PETE BEACH, FL 33706			Street Address (P.O. Box Number is Not Acceptable)						
				City				Zìp Code	
	<u>, , , , , , , , , , , , , , , , , , , </u>			<u> </u>			FL		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registere	ed office or register	red agent, or both	, in the State of Flo	rida. I am fa	amiliar with,	and accept :
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		{
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	5					e check pa Departme	ayable to ent of State	•
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7 MANAGING MEMBE		10.				Departme	_	•
9.	y 1, 2008 Fee will be \$538.73 MANAGING MEMBE	ERS/MANAGERS	TITLE			Florida	Departme	_	Addition
After May	/ 1, 2008 Fee will be \$538.79	ERS/MANAGERS	TITLE			Florida	Departme	ent of State	
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Thereby dentity that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, horida statutes. Indirect early 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: JOSAPH & NIK MGRM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727 687 0555

Daytime Phone #