## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## May 05, 2008 8:00 am Secretary of State DOCUMENT # L06000041903 05-05-2008 90042 014 \*\*\*138.75 **BELLA HOME INVESTORS LLC** νυυοσσαγ Mailing Address Principal Place of Business 3956 TOWN CENTER BLVD. 3956 TOWN CENTER BLVD. PMB 481 PMB 481 ORLANDO, FL 32837 ORLANDO, FL 32837 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-4935643 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELTRAN, LUIS O 3956 TOWN CENTER BLVD. Drive PMB 481 ORLANDO, FL 32837 Orlando City 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Florida Department of State 4.5545 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 The second of th MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Change **MGRM** TITLE TITLE ☐ Delete 14232 Islamorada Dr. BELTRAN, LUIS O NAME NAME STREET ADDRESS 3956 TOWN CENTER BLVD. PMB 481 STREET ADDRESS Orlando, FL 32837 CITY-ST-ZIP ORLANDO, FL 32837 CITY-ST-ZIP M Change ☐ Addition **MGRM** ☐ Delete TITLE TITLE 14232 Islamorada Dr. MONCALEANO-BELTRAN, DIANA NAME NAME 3956 TOWN CENTER BLVD. PMB 481 STREET ADDRESS Orlando, FL 32837 STREET ADDRESS ORLANDO, FL 32837 CITY-ST-ZIP CITY-ST-ZIP TITLE **MGRM** Delete TITLE Change ☐ Addition 14232 Islamorada Dr. MONCALEANO, ARCENIO NAME 3956 TOWN CENTER BLVD. PMB 481 STREET ADDRESS STREET ADDRESS orlando. FL 32837 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32837 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

FILED

407 -325 - 0517 Daytime Phone #