

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046650

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: BELLA WORLD PROPERTIES, LLC

**Current Principal Place of Business:**

435 NORTH ANDREWS AVE  
#405  
FT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 NORTH ANDREWS AVE  
#405  
FT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 20-4818419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EPPINGER, RON R  
405 NORTH ANDREWS AVENUE  
# 405  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

ISABEL, DIAZ  
6450 COLLINS AVE  
SUITE 1103  
MIAMI, FL 33141 US

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.

SIGNATURE: ISABEL DIAZ

04/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DANIELSON, MARY E  
Address: 1020 SE 13 AVENUE  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: MGRM ( ) Delete  
Name: EPPINGER, RON JR  
Address: 435 NORTH ANDREWS, # 405  
City-St-Zip: FT LAUDERDALE, FL 33301 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RON EPPINGER JR.

MGRM

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date