2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:
SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # L06000059769 1. Entity Name 04-25-2007 90034 034 ****50.00 BELLA COMMERCIAL, LLC Principal Place of Business Mailing Address PO BOX 32967 PALM BEACH GARDNES FL 33420 2875 JUPITER PARK DR JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8227 KELSO DR. Suite, Apt. #, etc. Suite, Apt. #, etc. PAIM BEACH GARDENS. 1st MOORE CR2E083 (10/06) City & State Flore OR City & State Applied For 4. FEI Number Not Applicable 7in Country \$5.00 Additional 5. Certificate of Status Desired PALM BEACH. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KENNETH J. MANTOVANI JR. Stroot Address (P.O. Box Number is Not Acceptable) DEBENIAN, ELOUISE 2875 JUPITER PARK DR 600 8227 KELSO DRIVE PALM BEACH GARDENS FL 33458 City Polm B Each Concers, FL Zip Code, 8 334/8 8. The above named entry submits this statement for the surpose 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. ENVER J. MANTOVAN/ JR. (NOTE Rogstered Agent signature redured when renstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 10. 9. MGR KENNETH J. MANTOUNNI JR TITLE MGR ☐ Addition Delete NAMI' NAME DEBENIAN, ELOUISE 8227 KELSO DR. STREET ADDRESS 2875 JUPITER PARK DR STREET ADDRESS Palm Bel GONS, FL 33418 CITY-ST-ZIP CITY - ST - ZIP 600 FL 33458 Delete Hitt ncitibbA 🔲 THILL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete RH ☐ Change ☐ Addition STREET ADDRESS STREET ADORESS CITY - ST- 7IP CITY-ST-ZIP TITLE THILE ☐ Delete ☐ Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - S1 - ZIP TITLE Delete TIME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST ZIP TIME ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature strall 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 frue empowered to execute this report as required by Chapter 608, Florida Statutes.

ENNER J. MANTAMINE 4/16/07

FILED