


FILED
May 30, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # L06000071427						Secretary of State 05-30-2008 90193 001 ***277.50																															
1. Entity Name BELLA TERRA DEVELOPMENT V, LLC																																					
Principal Place of Business 451 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572 US				Mailing Address 451 APOLLO BEACH BOULEVARD APOLLO BEACH, FL 33572 US																																	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																																	
Suite, Apt. #, etc.				Suite, Apt. #, etc.																																	
City & State				City & State																																	
Zip		Country		Zip		Country																															
6. Name and Address of Current Registered Agent JONATHAN JAMES DAMONTE, CHARTERED 12110 SEMINOLE BLVD. LARGO, FL 33778				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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																																	
<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGR EKLO, MARK 9419 DISCOVERY TERRACE, #102 BRADENTON, FL 34212</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>MGR RUSS, DAN 51 CHOCTAW CIRCLE CHANHASSEN, MN 55317</td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Delete</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EKLO, MARK 9419 DISCOVERY TERRACE, #102 BRADENTON, FL 34212	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSS, DAN 51 CHOCTAW CIRCLE CHANHASSEN, MN 55317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>ASI APOLLO BEACH BLVD APOLLO BEACH, FL 33572</td><td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASI APOLLO BEACH BLVD APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	451 APOLLO BEACH BLVD APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																					
<small>Date Daytime Phone #</small>																																					