2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# L06000099921

Entity Name: BELLA VISTA LAND GROUP, LLC.

Current Principal Place of Business:

1150 LOUISIANA AVE.
SUITE #6A
WINTER PARK, FL 32790

New Principal Place of Business:

9220 HIDDEN BAY LANE
ORLANDO, FL 32819

Current Mailing Address:

1150 LOUISIANA AVE.
SUITE #6A
WINTER PARK, FL 32790

New Mailing Address:

9220 HIDDEN BAY LANE
ORLANDO, FL 32819

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OHRI, HARPAUL K
8704 CRESTGATE CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	OHRI, HARPAUL K	
Address:	8704 CRESTGATE CIRCLE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	OHRI, SUNNANDAN S	
Address:	9220 HIDDEN BAY LANE	
City-St-Zip:	ORLANDO, FL 32819	
Title:	MGRM	( ) Delete
Name:	OHRI, SHARON K	
Address:	9220 HIDDEN BAY LANE	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: HARPAUL OHRI MGR 02/19/2008

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