

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000100324**

1. Entity Name  
**BELLA II LENDERS LLC**



Principal Place of Business  
**75 NE 6TH AVENUE  
SUITE 103  
DELRAY BEACH, FL 33483**

Mailing Address  
**75 NE 6TH AVENUE  
SUITE 103  
DELRAY BEACH, FL 33483**



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5718130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEINSTEIN, NORMAN S  
75 NE 6TH AVENUE  
SUITE 103  
DELRAY BEACH, FL 33483**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>
NAME	<b>STATESIDE CAPITAL CORP.</b>
STREET ADDRESS	<b>75 NE 6TH AVENUE, SUITE 103</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL 33483</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U000000817601  
02/15/08-80008-021 138.75

**DO NOT WRITE  
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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