


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90042 009 ***138.75

DOCUMENT # L07000002967 1. Entity Name BELLINI DEVELOPERS OF WILLIAMS ISLAND, LLC	
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60010000

Principal Place of Business 445 GRAND BAY DRIVE PH-1 KEY BISCAYNE, FL 33149	Mailing Address 445 GRAND BAY DRIVE PH-1 KEY BISCAYNE, FL 33149
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2. Principal Place of Business - No P.O. Box # 4100 Williams Island Blvd.	3. Mailing Address 4100 Williams Island Blvd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Aventura, FL	City & State Aventura, FL
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Zip 33160	Country Miami-Dade	Zip 33160	Country Miami-Dade
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01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1897710	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PIOTRKOWSKI, JOEL S 317 71ST STREET MIAMI BEACH, FL 33141	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARGULIES, MARTIN Z 445 GRAND BAY DRIVE PH-1 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **MARTIN Z MARGULIES**
PRESIDENT **2-7-08** **305-865-5707**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #