2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000102569

Entity Name: MISTERO BELLO, LLC

Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4218 CROWNWOOD DRIVE JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

4218 CROWNWOOD DRIVE JACKSONVILLE, FL 32216

FEI Number: 35-2310770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEXTERHOUSE, CATHERINE 4218 CROWNWOOD DRIVE JACKSONVILLE, FL 32216

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

DEXTERHOUSE, CATHERINE Name: Name: 4218 CROWNWOOD DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip:

Title: MGRM () Delete Title: MGMR (X) Change () Addition DEXTERHOUSE, TRAVIS G Name: DEXTERHOUSE, TRAVIS G Name: Address: 4218 CROWNWOOD DRIVE Address: 4218 CROWNWOOD DRIVE City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete Title: MGRM (X) Change () Addition CONNER, THOMAS G STONE, MARLENE A Name: Name:

7963 MT RANIER DRIVE Address: 635 TUNDRA DRIVE Address: City-St-Zip: HARKER HEIGHTS, TX 76548 City-St-Zip: JACKSONVILLE, FL 32256

(X) Change () Addition Title: MGRM () Delete Title: MGMR

Name: STONE, BRYAN L Name: STONE, BRYAN L 7963 MT RANIER DRIVE Address: Address: 7963 MT RANIER DRIVE City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete Title: MGMR (X) Change () Addition

STONE, MARLENE A PAINTER, ERIC K Name: Name:

7963 MT RANIER DRIVE 8141 SUMMERSIDE CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM () Delete Title: MGMR (X) Change () Addition RAFIDI. LUCILLE

PAINTER, ANNA M Name: Name: Address: 343 JOHNS CREEK PKWY Address: 8141 SUMMERSIDE CIRCLE ST. AUGUSTINE, FL 32092 JACKSONVILLE, FL 32256 City-St-Zip: 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: ANNA M PAINTER **MGMR** 04/29/2008