File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 MAY -5 PM 3:28

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000000763
Villa Bella, L.C.
1581 Brickell Avenue
Suite 601
Miami, Florida 33129

1a. Principal Place of Business Address
1581 Brickell Avenue
Suite 601
Miami, Florida 33129

2 Principal Place of Business
1581 Brickell Avenue
Suite, Apt. #, etc.
Suite 601
City & State
Miami, Florida
Zip 33129 Country USA

2a. Mailing Address
1581 Brickell Avenue
Suite, Apt. #, etc.
Suite 601
City & State
Miami, Florida
Zip 33129 Country USA

3. Date Organized or Qualified 07/14/97
3a. State of Formation Florida
4. FEI Number 65-0767121
☐ Applied For
☐ Not Applicable
5. Date of Last Report
6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent
Feldenkrais & Associates, P.A.
Michael Feldenkrais
290 NW 165 Street, Plaza 100
Miami, FL 33169

8. Name and Address of New Registered Agent/Office
Name: Michael Feldenkrais
Street Address (P.O. Box Number is Not Acceptable): 290 NW 165 Street
Suite, Apt. #, etc.: Plaza 100
City: Miami FL Zip Code: 33169

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 4/30/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	Claudia Bertolero	1581 Brickell Avenue	Miami, FL 33129

-05/19/99--01004--001
****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R (12-98)