


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001915 1. Entity Name BELLO PARTNERSHIP, LLC	
---	---

Principal Place of Business 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498	Mailing Address 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498
---	---

DO NOT WRITE IN THIS SPACE



01272005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0427874	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MEL OGRIN 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498
--

**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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
--	---	---------------------

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OGRIN, MEL 10791 AVENIDA SANTA ANA BOCA RATON, FL 33498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM OGRIN, BARRY 1597 NOTTINGHAM ROAD CHARLESTON, WV 25314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000208986
02/02/05-80016-012 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I 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 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: <u>Mel Ogrin</u> <u>1/28/05</u> <u>56/483/2536</u>	<small>DATE</small>	<small>DAYTIME PHONE #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		

MEL OGRIN