


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90001 016 ****50.00

DOCUMENT # L03000010130

1. Entity Name
 DIVILLA FLORIDA, LLC



Principal Place of Business
 1173 FAIRFIELD MEADOWS DRIVE
 WESTON, FL 33327

Mailing Address
 1173 FAIRFIELD MEADOWS DRIVE
 WESTON, FL 33327



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

06302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 86-1060716 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
 SUITE 505
 20801 BISCAYNE BOULEVARD
 AVENTURA, FL 33180

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 *Alvaro Atollola* Manager 8-10-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by September 8, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLALBA, RAMON 1173 FAIRFIELD MEADOWS DRIVE WESTON, FL 33327 <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	MGRM VILLALBA, ALICIA 1173 FAIRFIELD MEADOWS DRIVE WESTON, FL 33327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alvaro Atollola* 8-10-2004 954-660-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #