## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000010130

1. Entity Name

DIVILLA FLORIDA, LLC



FILED Apr 10, 2007 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

1173 FAIRFIELD MEADOWS DRIVE WESTON, FL 33327

1173 FAIRFIELD MEADOWS DRIVE WESTON, FL 33327



04062007 No Chg-LLC

CR2E083 (11/05)

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

## DO NOT WRITE IN THIS SPACE

		i	
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			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rematating)	DATE
Fi D	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MĢRM		
NAME	VILLALBA, RAMON		
STREET ADDRESS	1173 FAIRFIELD MEADOWS DRIVE		
CITY-ST-ZIP	WESTON, FL 33327		U00000697483
TITLE	MGRM		
NAME	VILLALBA, ALICIA	·	
STREET ADDRESS	1173 FAIRFIELD MEADOWS DRIVE	1	
CITY-ST-ZIP	WESTON, FL 33327	ľ	
TITLE			
NAME			
STREET ADDRESS			ALOT MINITE
Cally-SI-Zip		סט ן	NOT WRITE
TITLE		18.1	THE CDACE
NAME		] !!!	THIS SPACE
STREET ADDRESS		i i	•
CITY-ST-ZIP		1	
TITLE			•
NAME		ľ	
STREET ADDRESS			
CITY-ST-21P		, .	
MLE			and the second of the second o
NAME			
STREET ADDRESS			

11. I hereby certify that the information supplied with this filling 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: Sus State

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-6-200

7 000