


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072907**

1. Entity Name  
**FLEETWOOD VILLAS II LLC**



Principal Place of Business  
**1870 S.W. 3RD AVENUE  
 MIAMI, FL 33129**

Mailing Address  
**P.O. BOX 650312  
 MIAMI, FL 33265**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-LLC CR2E083 (11/05)

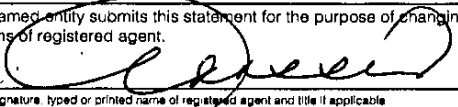
4. FEI Number <b>20-1736803</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO DE ARMAS, RAUL R ESQ  
 600 BRICKELL AVENUE, STE. 500  
 MIAMI, FL 33131**

**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:  DATE: 4/12/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

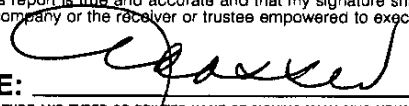
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSSIO, ALEJANDRA 10401 S.W. 32 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000714012  
 04/27/07-80005-024 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:  DATE: 4/12/07 305-333-0250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #