


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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


DOCUMENT # L04000073044  
 1. Entity Name  
 FLEETWOOD VILLAS I LLC



Principal Place of Business  
 301 S.W. 19TH ROAD  
 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 20-1736878	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

RAUL R. DELGADO DE ARMAS, 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

Signatures, 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**

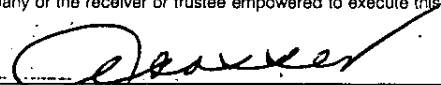
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COSSIO, ALEJANDRA 10401 S.W. 32 STREET MIAMI, FL 33165
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 04/27/07-80048-014 50:00

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

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

305-333-0250