


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 20 AM 10:08

DOCUMENT # L05000092279 1. Entity Name LAKE VILLAS, LLC	
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Principal Place of Business 978 WINDWARD WAY WESTON, FL 33327	Mailing Address 978 WINDWARD WAY WESTON, FL 33327
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2. Principal Place of Business 2999 NE 191st Street Suite, Apt. #, etc. PH-8	3. Mailing Address 2999 NE 191st Street Suite, Apt. #, etc. PH-8	01312006 Chg-LLC CR2E083 (11/05) 50.00
City & State AVENTURA, FL	City & State AVENTURA, FL	4. FEI Number 20-3636518
Zip 33180 Country USA	Zip 33180 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR ESQ.
2999 N.E. 191ST STREET
CONCORDE CENTRE II, PH-8
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE **2/2/06**

**Filing Fee is \$50.00
Due by May 1, 2006**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERCHIK, ELIAS		NAME	PERCHIK, ELIAS	
STREET ADDRESS	978 WINDWARD WAY		STREET ADDRESS	2999 NE 191st Street	
CITY-ST-ZIP	WESTON, FL 33327		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 **2/2/06** DAYTIME PHONE # **305-792-4911**