

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Jun 01, 2006 8:00 am
Secretary of State

05-01-2006 90042 026 ****50.00

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DOCUMENT # L05000104970			
1. Entity Name MAVILLE, LLC			
Principal Place of Business 150 S.E. 2ND AVE., SUITE 1200 C/O BORIS ROSEN, CPA MIAMI, FL 33131		Mailing Address 150 S.E. 2ND AVE., SUITE 1200 C/O BORIS ROSEN, CPA MIAMI, FL 33131	
2. Principal Place of Business 5481 NW 159 st.		3. Mailing Address 5481 NW 159 st.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami		City & State Miami	
4. FEI Number 20-4677716		Applied For <input type="checkbox"/> Not Applicable	
Zip 33014	Country USA	Zip 33014	Country USA
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04062006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MULLIN, TERRANCE J 150 S.E. 2ND AVE., SUITE 1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Marcelo Villena Street Address (P.O. Box Number is Not Acceptable) 2030 south Ocean Dr. Ap. # 1525 City Hallandale FL Zip Code 33309	
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 04/07/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLENA, MARCELO 150 S.E. 2ND AVE., SUITE 1200 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Villena, Marcelo 2030 south Ocean Dr. Ap. 1525 Hallandale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 04/07/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	