


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000016563 1. Entity Name FLORIDA DELUXE VILLAS LLC	
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Principal Place of Business 4139 WEST VINE STREET STE 108 KISSIMMEE, FL 34741 US	Mailing Address 4139 WEST VINE STREET STE 108 KISSIMMEE, FL 34741 US
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DO NOT WRITE IN THIS SPACE



01162008No Chg-LLC CR2E083 (12/07)

4. FEI Number 74-3205078	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODHAMS, GREG R
 2030 ROYAL BAY BOULEVARD
 #62
 KISSIMMEE, FL 34747

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODHAMS, GREG R 2030 ROYAL BAY BOULEVARD #62 KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODHAMS, JOSEPHINE E 2030 ROYAL BAY BOULEVARD #62 KISSIMMEE, FL 34747
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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:  **2/09/2008** **407-508-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #