## 2007 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** May 03, 2007 08:00 AM Secretary of State DOCUMENT # L00000005119 1. Entity Name MARAVILLA, L.L.C. Principal Place of Business Mailing Address 2350 19TH AVENUE P.O. BOX 2131 VERO BEACH, FL 32960 VERO BEACH, FL 32961 04302007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1005757 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LABRANCHE, MIREYA DO NOT WRITE **2350 19TH AVENUE** VERO BEACH, FL 32960 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 4 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE LABRANCHE, MIREYA A NAME STREET ADDRESS **2350 19TH AVENUE** U00000760163 CITY-ST-ZIP VERO BEACH, FL 32960 05/25/07-80001-014 50.0b TITLE RUIZ, OSCAR J NAME STREET ADDRESS **2350 19TH AVENUE** VERO BEACH, FL 32960 CITY-ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-78P TITLE IN THIS SPACE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THIE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE