## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## May 03, 2004 08:00 AM-Secretary of State DOCUMENT # L00000011367 1. Entity Name VILLA LANTE PROPERTIES L.L.C. Principal Place of Business Mailing Address 7390 SW 154 TERRACE 7390 SW 154 TERRACE MIAMI, FL 33157 MIAMI, FL 33157 04292004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1105237 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GORRA, EGBERT A DO NOT WRITE 7390 SW 154 TERRACE MIAMI, FL 33157 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\_\_\_\_\_\_Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS **Q.** MGR TITLE GORRA, EGBERT A NAME 7390 SW 154 TERRACE STREET ADDRESS U00000153917 05/04/04-80146-024 50.00 CITY-ST-ZIP MIAMI, FL 33157 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

**FILED** 

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it 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:

SIGNATURE:

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

Date

Designed Proces

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