

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002950

**FILED**  
**Apr 13, 2006**  
**Secretary of State**

**Entity Name:** COUNTRY VILLAS DEVELOPERS LLC

**Current Principal Place of Business:**

9560 SW 107TH AVE  
SUITE 102  
MIAMI, FL 33173

**New Principal Place of Business:**

10511 NORTH KENDALL DRIVE  
MIAMI, FL 33176

**Current Mailing Address:**

P.O. BOX 520682  
MIAMI, FL 331520682

**New Mailing Address:**

**FEI Number:** 65-1077526      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACHADO, LUIS  
9560 SW 107TH AVE SUITE 102  
MIAMI, FL 33173    US

**Name and Address of New Registered Agent:**

MACHADO, LUIS  
10511 NORTH KENDALL DRIVE  
MIAMI, FL 33176    US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/13/2006

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            MACHADO, LUIS  
Address:        9560 SW 107TH AVE SUITE 102  
City-St-Zip:    MIAMI, FL 33173

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            MACHADO, LUIS  
Address:        10511 NORTH KENDALL DRIVE  
City-St-Zip:    MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LUIS MACHADO

MGR

04/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date