


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L01000019390</b><br>1. Entity Name<br>VILLA CALABRIA L.L.C. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>4535 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33146 | Mailing Address<br>4535 PONCE DE LEON BLVD<br>CORAL GABLES, FL 33146 |
|--|--|

**DO NOT WRITE IN THIS SPACE**



02282007 No Chg-LLC

CR2E083 (11/05)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>56-2284906                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional<br>Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>PADRON, CARLOS E ESQ<br>VILA, PADRON & DIAZ, P.A.<br>2 ALHAMBRA PLAZA, STE 860<br>CORAL GABLES, FL 33134 |
|---|

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

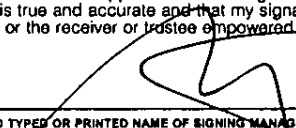
**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HERNANDEZ, HARVEY<br>4535 PONCE DE LEON<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

100000729415  
05/08/07-80033-013 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 606, Florida Statutes.

**SIGNATURE:**  **4-20-07 (301) 740-0819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #