

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


FILED

FEB 05 2005 10:00 AM
Secretary of State

BY: h



1st MOORE CR2E083 (10/04)

DOCUMENT # L02000002153					
1. Entity Name EUROPEAN VILLAGE, LLC					
Principal Place of Business 1 PALM HARBOR PARKWAY PALM COAST FL 32137			Mailing Address 1 PALM HARBOR PARKWAY PALM COAST FL 32137		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-1988251	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROEHR, CLAUD PETER 101 PALM HARBOR PARKWAY PALM COAST FL 32137			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ESPINOZA, VALENTE 1 PALM HARBOR PARKWAY PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROEHR, CLAUD PETER 4 OLD OAK DRIVE SOUTH PALM COAST FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11000001243126 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/25/05-80027-024 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

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

Date

Daytime Phone #

2/22/05