


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010254</b> 1. Entity Name <b>VILA RESIDENCES LLC</b>	
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Principal Place of Business <b>1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131</b>	Mailing Address <b>1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131</b>
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01072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number <b>04-3670419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>KERN, DANIEL 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131</b>
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**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 reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000145280  
05/03/04-80058-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR PARAJON, LUIS 1401 BRICKELL AVE., STE 530 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KERN, DANIEL 2050 CORAL WAY, SUITE 501 MIAMI, FL 33145</b>
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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: *Luis Parajon* 4-15-04 305 374 6055