

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90111 042 ****50.00

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04212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000010254					
1. Entity Name VILA RESIDENCES LLC					
Principal Place of Business 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131			Mailing Address 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131		
2. Principal Place of Business 600 BRICKELL AVE Suite, Apt. #, etc. STE #201		3. Mailing Address 600 BRICKELL AVE Suite, Apt. #, etc. STE #201		4. FEI Number 04-3670419	
City & State MIA FL		City & State MIA FL		Applied For Not Applicable	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KERN, DANIEL 1401 BRICKELL AVENUE, SUITE 530 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name KERN DANIEL Street Address (P.O. Box Number is Not Acceptable) 600 BRICKELL AVE STE #201 City MIA FL Zip Code 33131		
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: <i>Luis Parajon</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAJON, LUIS 1401 BRICKELL AVE., STE 530 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAJON, LUIS 600 BRICKELL AVE. #201 MIA FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERN, DANIEL 2050 CORAL WAY, SUITE 501 MIAMI, FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KERN, DANIEL 600 BRICKELL AVE. #201 MIA FL 33131	<input checked="" 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
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
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: <i>Luis Parajon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	