

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0001277

DOCUMENT # L02000010254

1. Entity Name
VILA RESIDENCES LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:06

Principal Place of Business Mailing Address
1401 BRICKELL AVENUE, SUITE 530 1401 BRICKELL AVENUE, SUITE 530
MIAMI FL 33131 MIAMI FL 33131

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 **04-3670419** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
~~DOWNING, WILLIAM~~
~~1401 BRICKELL AVENUE, SUITE 530~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent
Name **DANIEL KERN**
Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AV., SUITE 530
City **MIAMI** 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 *Daniel Kern* - DANIEL KERN DATE **Oct 1 - 2003**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

400023591944
10/06/03--01077--005 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MANAGER**
STREET ADDRESS **LUIS PARADON**
CITY-ST-ZIP **1401 BRICKELL AV., SUITE 530**
MIAMI, FL 33131

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MANAGER**
STREET ADDRESS **DANIEL KERN**
CITY-ST-ZIP **2050 CORAL WAY, SUITE 501**
MIAMI, FL 33145

TITLE Change Addition
NAME
STREET ADDRESS **400023591944**
CITY-ST-ZIP **11/10/03--01004--005 **100.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Daniel Kern* SIGNATURE REQUIRED DATE **Oct 1 - 2003** DAYTIME PHONE # **305-285-8979**

CR2E083 (4/03)