2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90446 003 ***150.00

VILLENA II	NVESTMENTS, LLC								
Principal Plac	e of Business	Mailing Address							
5567 N.W. 72ND MIAMI FL 33166	AVE.	5567 N.W. 72ND AVE. MIAMI FL 33166							
	lace of Business NW 78 ST	3. Mailing Address P. D., BOX 6 Suite, Apt. #, etc.	5262	3				•••	
Suite, Apr.	#, etC.	Suite, Apt. #, etc.				X CHECK HER	E IF MAKING	3 CHANGES	
City & State MEDLEY FL MINFLA					4. FEI Num	DI-04088	848		pplied For
Zip 33/6	Country	MIA FLA Zip 33.26.5	Country	,, ,,		te of Status Desired	П	\$5.00 Add	ditional
	6. Name and Address of Curren	t Registered Agent	Name		7. Name ar	nd Address of New	Registered	Agent	
VILLENA, NILO E						LO E	vie)		
	N.W. 72ND AVE. II FL 33166			-1000000(1					
HANNA	11 1 L 30 100		. 73	60	א א	78 55			
				TERL			FL	Zip Cod	16.6
	named entity submits this statement f	or the purpose of changing its re				oth, in the State of F			
the obligati	ions of registered agent. N, 10 F. VILLE	, 14							
SIGNATURE .	Signature, typed or printed name of registered agen		Registered Agent signs	ature required	when reinstating)		DATE		
		FILE NO	W!!! FEE IS	\$50.00			-		
		Make Check Payable			nt of State				
		Due l	By May 1, 200	03					
9.	MANAGING MEMB	ERS/MANAGERS	10.				S/CHANGES		
TITLE	MGR	☐ Delete	TITLE	V 16	- K - L Æ ~! A	W 785T	EJR	K Change	Addition
NAME Street Address	VILLENA, NILO E 5567 N.W. 72 AVE.		NAME Street Address	1 73	360 N	W 785T	. '	,	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	mi	B- F	33166	<u>" </u>		
TITLE	MGR	☐ Delete	TITLE	M.C.	Q			Change	☐ Addition
NAME STREET ADDRESS	VILLENA, NILO		NAME STREET ADDRESS	VIL	LENA,	NILOE	:	1	
CITY-ST-ZIP	5567 N.W. 72 AVE. MIAMI FL 33166		CITY-ST-ZIP	130	OO NI	N/LO E U7851 EL_331	0.6	· .	
TITLE	-	Delete	TITLE					Change	Addition
NAME			NAME]
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						}
TITLE		☐ Delete	TITLE	 				☐ Change	Addition
NAME	1		NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						
			CITY-ST-ZIP	 				Change	Addition
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME			•		☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
11. I hereby c	ertify that the information supplied wit	h this filing does not qualify for th	ne exemption sta	ated in Sec	ction 119.07(3	3)(i), Florida Statutes	s. I further ce	rtify that the in	nformation

indicated on this report is true and accurate and that existing 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 en trustee e

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)