

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019431

FILED  
Jan 20, 2005  
Secretary of State

Entity Name: CENTURY/VILLA PONCE, LLC.

## Current Principal Place of Business:

C/O NICOLAS FERNANDEZ, P.A.  
780 N.W. LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126

## New Principal Place of Business:

VILLA SALES CENTER  
1804 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

## Current Mailing Address:

C/O NICOLAS FERNANDEZ, P.A.  
780 N.W. LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126

## New Mailing Address:

VILLA SALES CENTER  
1804 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

FEI Number: 02-0641193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESQUIRE CORPORATE SERVICES, INC.  
780 N.W. LE JEUNE ROAD, SUITE 324  
MIAMI, FL 33126 US

## Name and Address of New Registered Agent:

VILLA SALES CENTER  
1804 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JUAN CARLOS MENENDEZ

01/20/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: VILLA PONCE INC.,  
Address: 780 NW LE JEUNE RD 324  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: CENTURY HOMEBUILDERS,  
Address: 7270 NW 12 STREET, 410  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: MENENDEZ, JUAN C  
Address: 780 NW LE JEUNE RD 324  
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete  
Name: PINO, SERGIO  
Address: 7270 NW 12 STREET STE 410  
City-St-Zip: MIAMI, FL 33126

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VILLA PONCE INC.,  
Address: 1804 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: MENENDEZ, JUAN C  
Address: 1804 PONCE DE LEON BLVD.  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JUAN CARLOS MENENDEZ

DP

01/20/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date