

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90039 033 ****50.00

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1. Entity Name
VILLA PONCE LLC

Principal Place of Business
**VILLA SALES CENTER
 1804 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134**

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

60032262



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

02-0641193

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
 NAME: VILLA PONCE INC. Delete
 STREET ADDRESS: 1804 PONCE DE LEON BLVD.
 CITY-ST-ZIP: CORAL GABLES, FL 33134

TITLE: MGRM
 NAME: VILLA PONCE DEVELOPMENT, LLC Change Addition
 STREET ADDRESS: 7270 NW 12 ST. #410
 CITY-ST-ZIP: MIAMI, FL. 33126

TITLE: MGRM Delete
 NAME: CENTURY HOMEBUILDERS
 STREET ADDRESS: 7270 NW 12 STREET, 410
 CITY-ST-ZIP: MIAMI, FL 33126

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGR Delete
 NAME: MENENDEZ, JUAN C
 STREET ADDRESS: 1804 PONCE DE LEON BLVD.
 CITY-ST-ZIP: CORAL GABLES, FL 33134

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: MGR Delete
 NAME: PINO, SERGIO
 STREET ADDRESS: 7270 NW 12 STREET STE 410
 CITY-ST-ZIP: MIAMI, FL 33126

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/2/07

Date

Daytime Phone #