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Secretary of State

02-28-2005 90045 008 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024802

1. Entity Name
VILLA MAGNA III LLC

30004996

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI, FL 33131	200 SOUTH BISCAYNE BLVD., SUITE 4815 MIAMI, FL 33131

02072005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2655 S LeJeune Rd.	2655 S. Le Jeune Rd.
Suite, Apt. #, etc.: Suite 900	Suite, Apt. #, etc.: # 900
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number ~~APPLIED FOR~~ 760727516 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD., SUITE 4815
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SILVA, LUIS G 200 S. BISCAYNE BOULEVARD, STE. 4815 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2655 S. LeJeune Rd., # 900 MIAMI FL 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 2/23/05 (305) 442-1267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #