

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90225 031 ***138.75

DOCUMENT # L02000024802

1. Entity Name
VILLA MAGNA III LLC



Principal Place of Business
**2655 S LE JEUNE RD, STE 900
MIAMI, FL 33134**

Mailing Address
**2655 S LE JEUNE RD, STE 900
MIAMI, FL 33134**

60022544



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
76-0727516

Applied For
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

REGISTERED AGENT CORPORATE SERVICES, INC.
~~806 DOUGLAS ROAD~~
~~SUITE 500~~
CORAL GABLES, FL 33134

Name
REGISTERED AGENT CORPORATE SERVICES INC.
Street Address
355 Alhambra Circle, Suite 801
City
Coral Gables, FL 33134

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
~~2655 S LE JEUNE RD, #900~~
~~MIAMI FL 33134~~

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
P.O. Box 262489
HOUSTON TX 77207

TITLE
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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

Date

Daytime Phone #

4/2/08

786 364 8420