


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2008 90225 030 \*\*\*138.75

<b>DOCUMENT # L02000024817</b>	
1. Entity Name <b>VILLA MAGNA II LLC</b>	

Principal Place of Business <b>C/O FOWLER RODRIGUEZ 800 DOUGLAS ROAD, SUITE 500 CORAL GABLES, FL 33134</b>	Mailing Address <b>C/O FOWLER RODRIGUEZ 800 DOUGLAS ROAD, SUITE 500 CORAL GABLES, FL 33134</b>
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**60022545**



2. Principal Place of Business - No P.O. Box # <b>355 Alhambra Circle, Suite 801 Coral Gables, Florida 33134 US</b>	3. Mailing Address <b>355 Alhambra Circle, Suite 801 Coral Gables, Florida 33134 US</b>
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01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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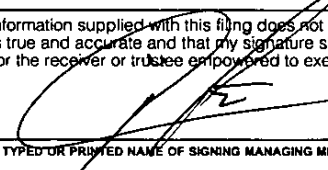
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>REGISTERED AGENT CORPORATE SERVICES, INC. 800 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134</b>	7. Name and Address of New Registered Agent <b>Name REGISTERED AGENT CORPORATE SERVICES INC. Street Address 355 Alhambra Circle, Suite 801 City Coral Gables, FL 33134</b>
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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.	DATE <b>3/5/08</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SILVA, LUIS G P.O. BOX 262489 HOUSTON, TX 77207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <b>4/2/08</b> Daytime Phone # <b>786 364 8420</b>