

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025276

Entity Name: VILLA LOGGIA, LLC

FILED
Jan 25, 2006
Secretary of State

Current Principal Place of Business:

612 S.E. 5TH AVENUE
SUITE # 1
FT. LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

612 S.E. 5TH AVENUE
SUITE # 1
FT. LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 52-2377861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVANS, JAMES D
612 S.E. 5TH AVENUE
SUITE # 1
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMARO, NICHOLAS
Address: 612 S.E. 5TH AVENUE SUITE # 1
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: MGRM () Delete
Name: ANGLES, MARC F
Address: 13312 S.W. 29TH STREET
City-St-Zip: MIAMI, FL 33175 US

Title: MGRM () Delete
Name: EVANS, JAMES D
Address: 612 S.E. 5TH AVENUE SUITE # 1
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: MGRM () Delete
Name: ANGLES, MANUEL
Address: 13312 S.W. 29TH STREET
City-St-Zip: MIAMI, FL 33175 US

Title: MGRM () Delete
Name: MOORE, HARRIETTE
Address: 612 S.E. 5TH AVENUE SUITE # 1
City-St-Zip: FT. LAUDERDALE, FL 33301 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM () Change (X) Addition
Name: EVANS, JR, JAMES D
Address: 612 S.E. 5TH AVENUE SUITE # 1
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: NICHOLAS AMARO

MGRM

01/25/2006

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