


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2004 8:00 am
Secretary of State

06-29-2004 90057 002 ****50.00

DOCUMENT # L02000028304	
1. Entity Name VILLAS, LLC	

Principal Place of Business C/O ROBERT S. FONNAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE, FL 33309	Mailing Address C/O ROBERT S. FONNAN, P.A. 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE, FL 33309
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14024468



2. Principal Place of Business	3. Mailing Address 1573 E. Harmony Lake Circle
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Davie, FL 33324
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Zip	Country	Zip	Country
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06252004 Chg-LLC CR2E083 (10/03)

4. FEI Number APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FORMAN, ROBERT S ESQ 2101 WEST COMMERCIAL BLVD., SUITE 4100 FORT LAUDERDALE, FL 33309

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELMES, TIMOTHY C/O 2101 WEST COMMERCIAL BLVD., SUITE 4100 FT LAUDERDALE, FL 33309 <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 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: Timothy Elmes/Member by attorney in fact	6/25/04	954-331-26054
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Timothy Elmes, Member	<small>Date</small> Mark J. Lynn	<small>Daytime Phone #</small>