## 2005 LIMITED LIABILITY COMPANY

## **FILED** ANNUAL REPORT Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # L02000028320** 1. Entity Name VILLA ESCONDIDA, LLC Principal Place of Business Mailing Address 2800 BAYVIEW DR. 2800 BAYVIEW DR. FORT LAUDERDALE, FL 33306 FORT LAUDERDALE, FL 33306. 04142005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0649773 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANNINO, ROBERT DO NOT WRITE 2800 BAYVIEW DR. FORT LAUDERDALE, FL 33306 IN THIS SPACE 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 | 1000000314591 | 04/18/05-80172-013 50.00 Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME ROBERT, MANNINO 2800 BAYVIEW DR. STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE

I hereby certify that the information supplied with this filling does not qualify for the examption 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 exactly this control by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #