


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90745 026 \*\*\*\*50.00

<b>DOCUMENT #</b> L02000030374	
1. Entity Name <b>VILLA LAGUNA, LLC</b>	

Principal Place of Business <b>1020 SE 11TH STREET FT. LAUDERDALE FL 33316</b>	Mailing Address <b>1020 SE 11TH STREET FT. LAUDERDALE FL 33316</b>
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2. Principal Place of Business <b>2800 Bayview DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>2800 Bayview DR</b> Suite, Apt. #, etc.
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City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>
Zip <b>33306</b>	Zip <b>33306</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>55-0806033</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>HUGO, PAUL 1020 SE 11TH STREET FT. LAUDERDALE FL 33316</b>	
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7. Name and Address of New Registered Agent Name <b>Robert Mannino</b> Street Address (P.O. Box Number is Not Acceptable) <b>2800 Bayview DR</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33306</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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date	Daytime Phone #
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CR2003 (10/02)