

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030907

FILED
Apr 09, 2005
Secretary of State

Entity Name: VILLA DEL SOL, L.C.

Current Principal Place of Business:

27 PENNOCK LANE #205
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

27 PENNOCK LANE #205
JUPITER, FL 33458

New Mailing Address:

FEI Number: 65-1162674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCAVILLA, EUGENE F
2873 MILLER DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

FRANCAVILLA, EUGENE F
8472 SE BRISTOL WAY
JUPITER, FL 33458 US

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: EUGENE F. FRANCAVILLA

04/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FRANCAVILLA, EUGENE F
Address: 2873 MILLER DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Delete
Name: WILLIAMS, EARNEST
Address: 972 D.OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRANCAVILLA, EUGENE F
Address: 8472 SE BRISTOL WAY
City-St-Zip: JUPITER, FL 33458

Title: MGR (X) Change () Addition
Name: WILLIAMS, GARNETT
Address: 972 D.OLD DIXIE HWY
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EUGENE F. FRANCAVILLA

MGRM

04/09/2005

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