2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000032023

1. Entity Name VILLARZA, LLC



Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR PENTE

1000 WEST BUENA VISTA DRIVE CORONADO SPRINGS RESORT LAKE BUENA VISTA, FL 32830 US Mailing Address

INSURGENTES SUR 2113, 2DO PISO MEXICO D.F.,SAN ANGEL 01000 MEXICO, XX

FILED Jun 20, 2005 8:00 am Secretary of State

06-20-2005 90165 017 ****50.00

20060407



05162005 No Chg-LLC

CR2E083 (10/03)

521777708400

Daytime Phone #

4. FEI Number			Applied For
1 98-0390945			Not Applicable
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEBLER, RICHARD D C/O SPRINGS FOOD SERVICES, LLC MEXICO PAVILION, EPCOT CENTER LAKE BUENA VISTA, FL 32830

DO NOT WRITE IN THIS SPACE

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700

8. The above the obligati	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fil Due t	ing Fee is \$50.00 by September 7, 2005		
9.	MANAGING MEMBERS/MANAGERS		· ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VILLEGAS, MANUEL Y INSURGENTES SUR 2113, 2DO PISO MEXICO D.F., SAN ANGEL 01000, DF 01000		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME STREET ADORESS CITY-\$T-ZIP		IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	pertify that the information supplied with this filing does not q on this report is true and accurate and that my signature sh bility company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Florida Statu all have the same legal effect as if made under oath; that I am a m oute this report as required by Chapter 608, Florida Statutes.	utes. I further certify that the information nanaging member or manager of the

AME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE