

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90414 010 ****50.00

DOCUMENT # L03000001715



1. Entity Name
 VILLA LOURDES PROPERTY, LLC

Principal Place of Business
 2250 SW 3RD AVENUE, STE. 201
 MIAMI, FL 33129

Mailing Address
 2250 SW 3RD AVENUE, STE. 201
 MIAMI, FL 33129

2. Principal Place of Business 2250 SW 3rd Avenue Suite, Apt. #, etc. Suite 303 City & State Miami Florida Zip 33129 Country US	3. Mailing Address 2250 SW 3rd Avenue Suite, Apt. #, etc. Suite 303 City & State Miami Florida Zip 33129 Country US
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03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 02-0665341

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 VALDES, MARLENE
 2250 SW 3RD AVENUE, STE. 201
 MIAMI, FL 33129

7. Name and Address of New Registered Agent
 Name: Marlene Valdes Esq.
 Street Address (P.O. Box Number is Not Acceptable):
2250 SW 3rd Avenue
Suite 303
 City: Miami FL Zip Code: 33129

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]
 Signature, typed or printed name of registered agent and title if applicable.

3/24/04

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Alfredo Billings 5180-2 Sabal Gardens Lane Boca Raton Florida 33487 <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
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: [Signature]

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

3/24/04

Date

Daytime Phone #