

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008264

FILED
Feb 11, 2004
Secretary of State

Entity Name: VILLA LUISA, LLC

Current Principal Place of Business:

444 BRICKELL AVENUE STE. 650
MIAMI, FL 33131

New Principal Place of Business:

4725 N. HESPERIDES ST.
TAMPA, FL 33614

Current Mailing Address:

444 BRICKELL AVENUE STE. 650
MIAMI, FL 33131

New Mailing Address:

4725 N. HESPERIDES
TAMPA, FL 33607

FEI Number: 20-0667758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SABLOFF, WARREN
444 BRICKELL AVENUE STE. 650
MIAMI, FL 33131

Name and Address of New Registered Agent:

PORTO, CURRAN K ESQ.
1011 N. ARMENIA AVE.
TAMPA, FL 33607

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: CURRAN K. PORTO

02/11/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SABLOFF, WARREN
Address: 444 BRICKELL AVENUE STE. 650
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRAGANO, FRANK C
Address: 4725 N. HESPERIDES ST.
City-St-Zip: TAMPA, FL 33607

Title: MGR () Change (X) Addition
Name: PORTO, CURRAN K
Address: 1011 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33607

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: FRANK C. BRAGANO

MGR

02/11/2004

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