

504132900536
 05-03-2004 90114'030****50.00
 L03000010501

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

S/3 FILED

MAY 24 PM 12:19

DOCUMENT # L03000010501
 1. Entity Name
 VILLAS OF HARBOR ISLES ~~V 4202~~ LLC V 4206



ION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

Principal Place of Business
 3610 N. 55TH AVENUE
 HOLLYWOOD, FL 33021

Mailing Address
 3610 N. 55TH AVENUE
 HOLLYWOOD, FL 33021

34006905



2. Principal Place of Business
 Suits, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suits, Apt. #, etc.
 City & State
 Zip Country

04192004 Chg-LLC CR2E083 (10/03)

4. FEI Number
 86-1053751 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
 POLIKAR, MICHEL
 3610 N. 55TH AVENUE
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when registering)

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	PRESIDENT MICHEL POLIKAR -S/A. <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	VICE-PRESIDENT NINA POLIKAR S/A <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
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: 4-28-04 (305) 677-8033
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Chapter Form 2