

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90017 040 ****50.00

DOCUMENT # L03000010504 1. Entity Name VILLAS OF HARBOR ISLES-V-4305 LLC 513 V-4303					
Principal Place of Business 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021			Mailing Address 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 86-1053752	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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: Signature of the registered agent and the applicable <i>Michel Polikar</i> (NOTE: Registered Agent signature required when reinstating) 4/7/05 DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POLIKAR, MICHEL 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLIKAR, NINA 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLIKAR, MICHEL 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLIKAR, NINA 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021	☒ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLIKAR, NINA 3610 N. 55TH AVENUE HOLLYWOOD, FL 33021	☐ Change ☐ 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: <i>Michel Polikar</i> 4/7/05 305)813-8800 Date Daytime Phone #					