

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040617

Entity Name: VILLARI PRODUCTIONS, LLC

FILED
Mar 01, 2004
Secretary of State

Current Principal Place of Business:

2 FIRESTONE CIRCLE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

2 FIRESTONE CIRCLE
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLARI, FRED
2 FIRESTONE CIRCLE
WEST PALM BEACH, FL 33401

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VILLARI, FRED
Address: 2 FIRESTONE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: CROFT INVESTMENTS LI, MITED PARTNERS H IP
Address: 1900 NW CORPORATE BLVD
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: ANDORA INVESTMENTS L, IMITED PARTNER S HIP
Address: 1900 NW CORPORATE BLVD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRED VILLARI

MGRM

03/01/2004

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