

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040978

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: BOYNTON VILLA DEL SOL, LLC

## Current Principal Place of Business:

14160 PALMETTO FRONTAGE RD, STE 10  
MIAMI LAKES, FL 33016

## New Principal Place of Business:

15450 NEW BARN ROAD  
104  
MIAMI LAKES, FL 33014

## Current Mailing Address:

14160 PALMETTO FRONTAGE RD, STE 10  
MIAMI LAKES, FL 33016

## New Mailing Address:

15450 NEW BARN ROAD  
104  
MIAMI LAKES, FL 33014

FEI Number: 20-0341623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VILARELLO, ALEJANDRO  
14160 PALMETTO FRONTAGE RD, STE 10  
MIAMI LAKES, FL 33016 US

## Name and Address of New Registered Agent:

ALEJANDRO VILARELLO, P.A.  
15450 NEW BARN ROAD  
104  
MIAMI LAKES, FL 33014 US

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: ALEJANDRO VILARELLO

04/21/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FALCONE, ARTHUR  
Address: 14160 PALMETTO FRONTAGE RD, STE 10  
City-St-Zip: MIAMI LAKES, FL 33016

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FALCONE, ARTHUR  
Address: 15450 NEW BARN ROAD, SUITE #104  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARTHUR FALCONE

MGR

04/21/2008

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