2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## FILED Feb 05, 2007 08:00 AM Secretary of State DOCUMENT # L04000011896 1. Entity Namo **EVITA HOUSING LLC** Mailing Address Principal Place of Business 1034 NW 23RD ST 1034 NW 23RD ST **MIAMI FL 33127 MIAMI FL 33127** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number **NO-T APPLICABLE** Not Applicable Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAZQUEZ, MARIANO 1034 NW 23RD ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33127** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Addition | THE MGR Delete IIII£ Change NAMI\* VAZQUEZ, ERIC NAM U00000623895 02/14/07-80008-014 50.00 STREET ADDRESS STREET ADDRESS 1034 NW 23RD ST CHY-ST-ZIP CHY-SI-ZIE MIAMI FL 33127 HILE ☐ Defete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7/P CITY-ST-7IP THE Addition SITE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP mu ☐ Delete ☐ Change Addition NAMI STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-SI-ZIP ☐ Delete Change ■ Addition mu THUE NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP THLE ☐ Defete DHE Change Addition NAMU NAME STREET ADDRESS STREET ADDRESS CDY-St-AP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. 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 eath: 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.

EQ.OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #