

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057366

FILED
Apr 27, 2008
Secretary of State

Entity Name: VILLANOVA INVESTMENT ONE, LLC

Current Principal Place of Business:

199 TUMBLIN KLING RD
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

199 TUMBLIN KLING RD
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 14-3400178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLANOVA, RAYMOND R
199 TUMBLIN KLING RD
FT PIERCE, FL 34982 US

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/MANAGERS:

Title: MGRM () Delete
Name: VILLANOVA, RAYMOND R
Address: 199 TUMBLIN KLING RD
City-St-Zip: FT PIERCE, FL 34982

Title: MGR () Delete
Name: ROMINE, TINA MARIE
Address: 2459 DANBURY ST
City-St-Zip: CHARLOTTE, NC 28211

Title: MGR () Delete
Name: ROMINE, RICHARD
Address: 2459 DANBURY ST
City-St-Zip: CHARLOTTE, NC 28211

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: VILLANOVA, VANESSA R
Address: 527 W. 46 ST. APT 15
City-St-Zip: NEW YORK, NY 10036

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: RAYMOND R. VILLANOVA

MGRM

04/27/2008

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