

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063691

Entity Name: KIWI VILLAS, L.L.C.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

2060 HIGHWAY A1A
SUITE 309
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

2060 HIGHWAY A1A
SUITE 309
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

FEI Number: 20-1507762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEALY, PATRICK F ESQ.
1800 WEST HIBISCUS BLVD.
SUITE 138
MELBOURNE, FL 32901 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: FLEIS, EDWARD M
Address: 2060 HIGHWAY A1A SUITE 309
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR () Change (X) Addition
Name: FLEIS, GERARD J
Address: 2060 HIGHWAT A1A SUITE 309
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR () Change (X) Addition
Name: FLEIS, JEFFREY E
Address: 2060 HIGHWAY A1A SUITE 309
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: EDWARD M FLEIS

MGRM

03/28/2005

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