


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # L04000071621
 1. Entity Name
 ARBOR VILLAS, LLC



Principal Place of Business Mailing Address
 811 PONCE DE LEON 811 PONCE DE LEON
 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



04112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1667920	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAVARRETE, LUIS
 824 GENOA STREET
 CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GAVARRETE, LUIS 824 GENOA STREET CORAL GABLES, FL 33134
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 04/24/08-80083-019 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *Luis Gavarrete* 4-11-08 305-443-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #