

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078397

Entity Name: VILLAS TRUST LLC

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

3301 N 37 ST
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

Current Mailing Address:

3301 N 37 ST
HOLLYWOOD, FL 33021 US

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARTIN
3301 N 37 ST
HOLLYWOOD, FL 33021 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: MGR () Delete
Name: DAVIS, MARTIN
Address: 3301 N 37 ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: NAE, ALBERT D
Address: 3301 N 37 ST
City-St-Zip: HOLLYWOOD, FL 33021 FL

Title: MGRM () Delete
Name: KAISER, MICHAEL
Address: 3301 N 37 ST
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: JACOB, FRANCIS
Address: 3301 N 37 ST
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

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

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

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

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

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: MARTIN DAVIS

MGR

04/30/2005

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