

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078530

Entity Name: VILABELLA HOMES, LLC

FILED
Jan 26, 2005
Secretary of State

Current Principal Place of Business:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6535 NOVA DRIVE
106
DAVIE, FL 33317

New Mailing Address:

FEI Number: 20-1796535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEUTSCH, STEVEN W
7805 SW 6TH COURT
PLANTATION, FL 33324 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: MGRM () Delete
Name: OLIVER, PFEFFER
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: SCHULTZ, DAVID
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317

Title: MGRM () Delete
Name: REICH, DAVID
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVER, PFEFFER
Address: 6535 NOVA DRIVE, SUITE 106
City-St-Zip: DAVIE, FL 33317

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: OLIVER PFEFFER

MGRM

01/26/2005

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