## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jul 24, 2007 8:00 am Secretary of State DOCUMENT # L05000013557 07-24-2007 90011 001 \*\*\*\*50.00 WINTER PARK VILLAS GROUP, LLC Principal Place of Business Mailing Address 6005330n 1414 N.W. 107 AVE 1414 N.W. 107 AVE 109 109 MIAMI, FL 33172 MIAMI, FL 33172 07092007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2308564 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALZOLA, CARLOS A DO NOT WRITE 1414 N.W. 107 AVE 109 IN THIS SPACE MIAMI, FL 33172 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 e il applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE BALZOLA, CARLOS A NAME STREET ADDRESS 1414 NW 107 AVE #109 CITY-ST-ZIP MIAMI, FL 33172 MGR TITLE FERNANDEZ PLA, JORGE NAME 1414 NW 107 AVE #109 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**