## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 23, 2006 8:00 am Secretary of State

03/16/06

DOCU 1. Entity Nam VILLA ZA				03-23-2006 90258 025 ****50.00							
Principal Plac 7668 NW 11 MEDLEY, FL	6 AVENUE	s	Mailing Address 7668 NW 116 AVENUE MEDLEY, FL 33178								
2. Principal Place of Business			3. Mailing Address			_ ~					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03152006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State		-	4. FEI Numbe	∋r		_ <del> </del>	oplied For ot Applicable	
Zip 		Country	Zip	Country			5. Certificate of Status Desired   \$5.00 Additional Fee Required				
	6. Name	and Address of Current R	legistered Agent		7. Name and Address of New Registered Agent Name						
GARCIA-OLIVER & MAINIERI, P.A. 782 N.W. LE JEUNE ROAD, SUITE 447 MIAMI, FL 33126			•		Street Address (P.O. Box Number is Not Acceptable)						
					City	City			FI	Zip Cod	9
8. The above the obligati	ions of regist	y submits this statement for lered agent.  or printed name of registered agent an	the purpose of changing its					th, in the State of Flo		n familiar with,	and accept
	Signature, typed	or printed name of registered agent an	vd title if applicable. (NOTE	E. Registere	d Agent signature	required:	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006			هــــــــــــــــــــــــــــــــــــ			<u> </u>	'			payable to nent of State	e reconstruction
9.		MANAGING MEMBER	RS/MANAGERS 10.					ADDITIONS/	CHANGE	S	
NAME STREET ADDRESS CITY-ST-ZIP	7668 NW	Z Q., NELSON 116 AVENUE FL 33178	C Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete	TITLE NAM STRE CVY	1	\				□ Change	☐ Addition
11: I hereby of indicated limited liab	ertify that the on this repor- bility compar	e information supplied with t rt is true and accurate and th ny or the receiver or trustee	this filing does not qualify for hat my signature shall have t empowered to execute this r	r the exe the same report as	nptions cont legal effect required by	tained in as if m	n Chapter 119, ade under oath er 608, Florida S	Florida Statutes. I fu ; that I am a manag Statutes.	rther certi	fy that the info per or manage	rmation or of the



IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE P.O. BOX 9003 HOLTSVILLE NY 11742-9003

000468.172874.0003.001 1 AT 0.292 702

VILLA ZAMORA 305 A LLC COOK GUILLERMO SOLE MBR 7668 NW 116 AVE MEDLEY FL 33178 Date of this notice: 04-18-2005

Employer Identification Number: 20-2622007

Form: SS-4

Number of this notice: CP 575 E

For assistance you may call us at: 1~800~829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-2622007. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a could result in our assigning you more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply

## IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records.
- $\star$  Use this EIN and your name exactly as they appear above on all your federal tax forms.
- \* Refer to this EIN on your tax related correspondence and documents.

Thank you for your cooperation.

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