

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 20 AM 10:08

DOCUMENT # L05000032018



1. Entity Name
SFUMATO VILLA'S, LLC

Principal Place of Business
**978 WINDWARD WAY
WESTON, FL 33327**

Mailing Address
**978 WINDWARD WAY
WESTON, FL 33327**

2. Principal Place of Business
2999 NE 191st Street

3. Mailing Address
2999 NE 191st Street

Suite, Apt. #, etc.
PH-8

Suite, Apt. #, etc.
PH-8

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip
33180

Country
USA

Zip
33180

Country
USA



01312006 Chg-LLC CR2E083 (11/05) 50.00

4. FEI Number
20-2874797

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR
978 WINDWARD WAY
WESTON, FL 33327**

7. Name and Address of New Registered Agent

Name
GRISALES-RACINI, OSCAR

Street Address (P.O. Box Number Is Not Acceptable)
2999 NE 191st Street

PH-8

City
AVENTURA

FL Zip Code
33180

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 **2/2/06**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM PERCHIK, ELIAS	978 WINDWARD WAY	WESTON, FL 33327	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGR PERCHIK, ELIAS	2999 NE 191st Street PH-8	AVENTURA, FL 33180	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ DATE **2/2/06** DAYTIME PHONE # **305/792-4911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE