
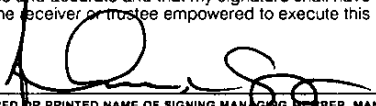


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90061 050 ****50.00

DOCUMENT # L05000034214					
1. Entity Name VILLAS ENCORVADA LLC					
Principal Place of Business 111 CAPRI BLVD.- NAPLES, FL 34113 US 2521 Outrigger Lane Naples, FL 34104			Mailing Address 111 CAPRI BLVD.- NAPLES, FL 34113 US 2521 Outrigger Lane Naples, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2635885	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEDMORE, MICHAEL 111 CAPRI BLVD.- NAPLES, FL 34113- 2521 Outrigger Lane Naples, FL 34104			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NAGY, JOHN R 111 CAPRI BLVD.- NAPLES, FL 34113 2521 Outrigger Lane Naples, FL 34104	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		President		4/26/06 239-643-0824	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
JOHN R. NAGY					



ATTACHMENT
20040551
LG5000034214

1395 Panther Lane
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Naples, Florida 34109
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Fax 239.434.4999
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*Attorneys at Law in:
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Writer's Direct Dial: 239-434-4931
Writer's Fax: 239-213-5429
E-Mail: tem@quarles.com

April 28, 2006

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

RE: Annual Reports

Dear Sir or Madam:

Enclosed please find the following Annual Reports and checks for the following entities:

1. 2006 Limited Liability Company Annual Report form for **Del Fino, LLC**, together with a check payable to Florida Department of State in the amount of \$50.00.
2. 2006 Limited Liability Company Annual Report for **Villa Ensenada LLC**, together with a check payable to Florida Department of State in the amount of \$50.00.
3. 2006 Limited Liability Company Annual report for **Villas Encorvada LLC**, together with a check payable to Florida Department of State in the amount of \$50.00

If you have any questions, please contact me at 239-434-4931.

Sincerely yours,

QUARLES & BRADY LLP

Thomas E. Maloney

TEM:KP
Enclosures

CC: Mr. L.R. Norman