## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

## DOCUMENT # L05000059156

1. Entity Name

SIGNATURE:

## **ELITE VILLA PROPERTIES LLC**



FILED

May 01, 2006 8:00 am Secretary of State

05-01-2006 90082 005 \*\*\*\*50.00

Principal Place of Business Mailing Address 7598 ASSEMBLY LANE 216 PLEASANT VALLEY ROAD **REUNION FL 34747** MORGANVILLE NJ 07751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State 4. FEI Number City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAPIDUS, MARK Street Address (P.O. Box Number is Not Acceptable) 6218 CARA CARA STREET SARASOTA FL 34241 City 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 romstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete Change Addition NAME ALCARAZ, EDUARDO T STREET ADDRESS STREET ADDRESS 216 PLEASANT VALLEY ROAD CITY-ST-ZIP CITY-ST-ZIP MORGANVILLE NJ 07751 THUE Defete MGR TITLE Change ■ Addition YUDEWITZ, BRIAN J NAME STREET ADDRESS 43 KRISTIN LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAUPPAUGE NY 11788 TIT: F ☐ Dalete TITLE ☐ Change ☐ Addition NAME DELAFUENTE, ERNESTO NAME STREET ADDRESS STREET ADDRESS 3009 KAPALUA COURT CITY-ST-ZIP CITY-ST-ZIP FREEHOLD NJ 07728 ☐ Delete TITLE ☐ Change Addition NAME PILANDE, RENATO STREET ADDRESS 21 NASHUA DRIVE STREET ADDRESS CITY-ST-ZIP MARLBORO NJ 07746 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trystee empty ered to execute this report as required by Chapter 608, Florida Statutes.

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