

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000059156

1. Entity Name
ELITE VILLA PROPERTIES LLC



Principal Place of Business
**7598 ASSEMBLY LANE
REUNION, FL 34747**

Mailing Address
**216 PLEASANT VALLEY ROAD
MORGANVILLE, NJ 07751**



03272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1749752

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAPIDUS, MARK
6218 CARA CARA STREET
SARASOTA, FL 34241**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000890499
04/22/08-80097-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ALCARAZ, EDUARDO T
STREET ADDRESS 216 PLEASANT VALLEY ROAD
CITY-ST-ZIP MORGANVILLE, NJ 07751

TITLE MGR
NAME YUDEWITZ, BRIAN J
STREET ADDRESS 43 KRISTIN LANE
CITY-ST-ZIP HAUPPAUGE, NY 11788

TITLE MGR
NAME DELAFUENTE, ERNESTO
STREET ADDRESS 3009 KAPALUA COURT
CITY-ST-ZIP FREEHOLD, NJ 07728

TITLE MGR
NAME PILANDE, RENATO
STREET ADDRESS 21 NASHUA DRIVE
CITY-ST-ZIP MARLBORO, NJ 07746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #