


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90368 013 \*\*\*\*50.00

<b>DOCUMENT # L05000060289</b>	
1. Entity Name <b>HENDRICKS HARBOR VILLAS LLC</b>	

Principal Place of Business <b>1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301</b>
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**20047428**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06062006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>203017601</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>MARIA CLARA GARBATI 1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301</b>	

7. Name and Address of New Registered Agent	
Name <b>ARAZOZA + FERNANDEZ FERRA P.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2100 Salsado St. Suite 300</b>	
City <b>Coral Gables FL</b>	Zip Code <b>33134</b>

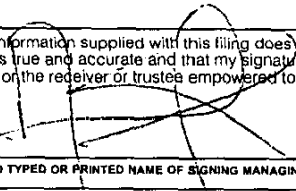
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **6/12/06**  
Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR LAURIA, ANDRES I 1314 E. LAS OLAS BLVD., #285 FORT LAUDERDALE, FL 33301</b> <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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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:  DATE **06/07/2006** DAYTIME PHONE # **954 653 3123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE