


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90017 025 ****50.00

DOCUMENT # L05000061566 1. Entity Name ANTIGUA VILLAS, LLC					
Principal Place of Business C/O 1911 HARRISON STREET HOLLYWOOD, FL 33020			Mailing Address C/O 1911 HARRISON STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business 885 STILLWATER CT Suite, Apt. #, etc.		3. Mailing Address 885 STILLWATER CT Suite, Apt. #, etc.			
City & State WESTON, FL		City & State WESTON, FL		4. FEI Number 20-3662214	
Zip 33327		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 1911 HARRISON STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name GRISALES-RACINI, OSCAR P.A. Street Address (P.O. Box Number is Not Acceptable) 2999 NE 191 st 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 PINTAR, ERIC C/O 1911 HARRISON STREET HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PINTAR, ERIC 885 STILLWATER CT WESTON, FL 33327	<input type="checkbox"/> Change <input checked="" 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			
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			
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: 		3/20/06 305/792-4911			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			