



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90045 017 ***138.75

DOCUMENT # L05000101585 1. Entity Name HARRINGTON FAMILY IL VILLAGGIO LLC					
Principal Place of Business 1451 OCEAN DRIVE 100 MIAMI BEACH, FL 33139				Mailing Address <i>Chg to 6</i> 6 FORT SEAWALL TERRACE MARBLEHEAD, MA 01945	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6 FORT SEAWALL TERRACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MARBLEHEAD, MA			
Zip		Zip 01945			
4. FEI Number 20-3655802				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FELDMAN, ANDREW 1111 KANE CONCOURSE STE. 200 BAY HARBOR ISLANDS, FL 33154			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOYD, PATRICIA A 6 FORT SEAWALL TERRACE MARBLEHEAD, MA 01945	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6 FORT SEAWALL TERRACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: <i>Patricia A Boyd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	