

**2007, LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000108700

1. Entity Name
VILLAS AT WILTON MANORS LLC



Principal Place of Business
**1701 W. HILLSBORO BLVD.
#209
DEERFIELD BEACH, FL 33442**

Mailing Address
**1701 W. HILLSBORO BLVD
#209
DEERFIELD BEACH, FL 33442**



02192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4364070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WEISER, RONALD
19682 BLACK OLIVE LANE
BOCA RATON, FL 33498**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000641840
03/01/07-80016-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEISER, RONALD A
STREET ADDRESS	19682 BLACK OLIVE LANE
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	MGRM
NAME	MALEK, ALIREZA
STREET ADDRESS	1701 W. HILLSBORO BLVD., #209
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 OR AUTHORIZED REPRESENTATIVE

2/19/07

Date

(954) 429-0029

Daytime Phone #