


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90048 009 \*\*\*\*50.00

**DOCUMENT # L05000110814**

1. Entity Name  
 VILLAS IOANNIDES, L.L.C.



Principal Place of Business  
 1100 ST. LUCIE WEST BLVD., SUITE #105  
 PORT ST. LUCIE, FL 34986


Mailing Address  
 1100 ST. LUCIE WEST BLVD., SUITE #105  
 PORT ST. LUCIE, FL 34986

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

40058010



02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 203973602

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required


6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
 515 EAST PARK AVE.  
 TALLAHASSEE, FL 32301

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  DATE 4/20/06

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

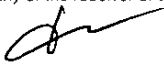
**Filing Fee is \$50.00 Due by May 1, 2006**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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*MGR*  
*TIM IOANNIDES*  
*1100 ST LUCIE WEST BLVD #105*  
*PORT ST LUCIE FLORIDA 34986*

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 4/20/06 DAYTIME PHONE # 7728783376

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