


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90105 001 ***143.75

DOCUMENT # L05000118858 1. Entity Name RIVER BREEZE VILLAS LLC					
Principal Place of Business 2625 EXECUTIVE PARK DRIVE SUITE # 5 WESTON, FL 33331 US			Mailing Address 1903 SILVERBELL TERRACE WESTON, FL 33327 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2625 EXECUTIVE PARK DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 5			
City & State		City & State WESTON FL		4. FEI Number 20-3930171	
Zip		Zip 33331		Country USA	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOL DEVELOPMENT GROUP LLC 2625 EXECUTIVE PARK DRIVE SUITE #5 WESTON, FL 33331			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGR SOL DEVELOPMENT GROUP LLC 2625 EXECUTIVE PARK DRIVE WESTON, FL 33331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____			5/5/08 (305) 5255271		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		