

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031324

FILED
Apr 19, 2007
Secretary of State

Entity Name: VILLA MARE JM, LLC

Current Principal Place of Business:

CERRO DE LAS CAMPANAS
3-311, COL.SAN ANDRES ATENCO
TLALNEPANTLA, MX CP 54040 MX

New Principal Place of Business:

New Mailing Address:

5805 BLUE LAGOON DRIVE
200
MIAMI, FL 33126

Current Mailing Address:

300 SEVILLA AVENUE
201
CORAL GABLES, FL 33134

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AG CORPORATE SERVICE, LLC
300 SEVILLA AVENUE
201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AG CORPORATE SERVICE, LLC
5805 BLUE LAGOON DRIVE
200
MIAMI, FL 33126 US

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.

SIGNATURE: AG CORPORATE SERVICES

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAYA, JOSE
Address: CERRO DE LAS CAMPANAS
City-St-Zip: 3-311, COL.SAN ANDRES ATENCO, MX CP 54040 MX

Title: MGR () Delete
Name: MAYA, JACOBO
Address: CERRO DE LAS CAMPANAS
City-St-Zip: 3-311, COL.SAN ANDRES ATENCO, MX CP 54040 MX

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE MAYA

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date