
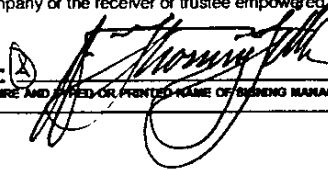


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90135 049 \*\*\*\*50.00

<b>DOCUMENT # L06000031372</b> 1. Entity Name <b>VILA ALGARVE, LLC</b>																													
Principal Place of Business <b>665 S. ORANGE AVENUE SARASOTA, FL 34236 US</b>			Mailing Address <b>665 S. ORANGE AVENUE, Suite 1 SARASOTA, FL 34236 US</b>																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc. <b>Suite 1</b>		Suite, Apt. #, etc. <b>Suite 1</b>																											
City & State		City & State																											
Zip		Country		Zip																									
Country		Country																											
4. FEI Number <b>20-4663680</b>			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  <b>LITTLE, W. THORNING 665 S. ORANGE AVENUE SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LITTLE, W. THORNING</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>665 S. ORANGE AVENUE, STE 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34236</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>665 S. ORANGE AVENUE, STE 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	LITTLE, W. THORNING		STREET ADDRESS	665 S. ORANGE AVENUE, STE 1		CITY-ST-ZIP	SARASOTA, FL 34236		TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	665 S. ORANGE AVENUE, STE 1		CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM JARABEK, BARBARA N 103 S. WASHINGTON DR. SARASOTA, FL 34236																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM OLIVEIRA, GILBERT C 1181 HIGHLAND AVENUE FALL RIVER, MA 02720																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			MGRM AUDETTE, CINDY L 503 HIGHLAND AVENUE FALL RIVER, MA 02720																										
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
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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.																													
<b>SIGNATURE:</b>  <b>Wm. Thorning Little</b> <b>3-8-07</b> <b>(94) 365-9284</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>																													