2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# L06000061899

Entity Name: EUROPEAN VILLAGE UNIT 213, LLC

Current Principal Place of Business:

3130 JASMINE DRIVE
DELRAY BEACH, FL 3483

New Principal Place of Business:

52 RILEY ROAD
SUITE 332
CELEBRATION, FL 34747 US

Current Mailing Address:

3130 JASMINE DRIVE
DELRAY BEACH, FL 3483

New Mailing Address:

52 RILEY ROAD
SUITE 332, % W.D.BROWN
CELEBRATION, FL 34747 US

FEI Number: 20-5063447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, DAVID
3130 JASMINE DRIVE
DELRAY BEACH, FL 3483 US

Name and Address of New Registered Agent:

COOPER, FREDERICK L ESQ.
403 TARPON AVENUE
SUITE 403, FREDERICK COOPER, ATTNY
FERNANDINA BEACH, FL 32034 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: FREDERICK L. COOPER, III, ESQ. 02/21/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: BROWN, WILLIAM D MGRM
Address: 3130 JASMINE DR.
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM ( ) Change (X) Addition
Name: BROWN, ARLENE A MGRM
Address: 3130 JASMINE DR.
City-St-Zip: DELRAY BEACH, FL 33483

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: W. DAVID BROWN MGRM 02/21/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date