


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/13

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90037 023 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L06000066868</b>   |   |  |   |           |  |
| 1. Entity Name<br>ISLAND VILLA, LLC  |   |  |   |  |  |
| Principal Place of Business<br>7010 SW 48TH LANE<br>MIAMI, FL 33155  |   |  | Mailing Address<br>7010 SW 48TH LANE<br>MIAMI, FL 33155 |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |  | 3. Mailing Address                                      |  |  |
| Suite, Apt. #, etc.  |   |  | Suite, Apt. #, etc.                                     |  |  |
| City & State   |   |  | City & State  |  |  |
| Zip  | Country   | Zip  | Country   | 4. FEI Number  |  |
|  |   |  |   | <input checked="" type="checkbox"/> Applied For<br><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  |   |  |   | 7. Name and Address of New Registered Agent  |  |
| REBOUL, JEAN-CLAUDE<br>7010 SW 48TH LANE<br>MIAMI, FL 33155  |   |  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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)   |   |  |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   | Make check payable to<br>Florida Department of State |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>REBOUL, JEAN-CLAUDE<br>7010 SW 48TH LANE<br>MIAMI, FL 33155 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>REBOUL, EVELYNE<br>7010 SW 48TH LANE<br>MIAMI, FL 33155     | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |  |
| 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: <i>Evelynne Rebol</i>   |   |  | Date: <i>4/10/07</i>                                    |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date Daytime Phone #                                    |  |  |