## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am

Surie, Apt. #, etc.  Surie, Apt. #, etc.  Surie, Apt. #, etc.  Surie, Apt. #, etc.  O1122007 Chg-LLC CR2E083 (12 C	Secretary of State 04-13-2007 90037 023 ****50.00				MENT # L06000066868 VILLA, LLC			1. Entity Nam
Suite, Apl. #, etc.  City & State  Country  Size & Address of Current Registered Agent  To Name  Size & Address (P.O. Box Number is Not Acceptable)  Size & Address (P.O. Box Number is Not Acceptable)  City  FL Zize  Size & Address (P.O. Box Number is Not Acceptable)  City  FL Zize  Size & Address (P.O. Box Number is Not Acceptable)  Filling Fee is \$50.00  Due by May 1, 2007  Filling Fee is \$50.00  Due by May 1, 2007  P. MANAGING MEMBERS/MANAGERS  ID. ADDITIONS/CHANGES  ITTLE  MARK  REBOUL, JEAN-CLAUDE  TITLE  MARK  REBOUL, JEAN-CLAUDE  TITLE  MARK  REBOUL, EVELYNE  TITLE  MARK  REBOUL, EVELYNE  TITLE  MAMA, FL 33155  TITLE  MAMA, FL 33155  TITLE  MAMA, FL 33155  TITLE  MAMA, FL 33155  TITLE  MAMA, STREET ADDRESS  CITY-SI-Zize  TITLE  MAMA, STREET					7010 SW 48TH LANE	48TH LANE		7010 SW 48
City & State  Country  Country  Country  Country  S. Certificate of Status Desired   \$5.0 through the property of the property					3. Mailing Address	ness - No P.O. Box #	oal Place of Busi	2. Principal P
City & State  City & State  City & State  Country  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  \$5.0 Fee Re  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. 8ox Number is Not Acceptable)  City  FL  Zif  6. 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 the obligations of registered agent.  SIGNATURE  Filling Fee is \$5.0.00  Due by May 1, 2007  P.  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  Finet Address  POSTE Registered Agent and approximation for the purpose of Changing its registered office or registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  SIGNATURE  REBOUL, JEAN-CLAUDE  TITLE  MARK  REBOUL, JEAN-CLAUDE  TITLE  MARK  REBOUL, LEVELYNE  MARK  CITY-ST-2P  TITLE  MIAMI, FL 33155  CITY-ST-2P  TITLE  Delete  TITLE  MIAMI, FL 33155  CITY-ST-2P  TITLE  MIAMI, FL 33155  CITY-ST-2P  TITLE  Delete  TITLE  D	6)	01122007 Chg-LLC CR2E083 (12/06)		Suite, Apt. #, etc.		Apt. #, etc.		Suite, Apt.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)  FL 27E  8. The above registered agent 9. Delta Number and Address (P.O. Box Number is Not Acceptable)  FL 27E  8. The above registered agent 9. Delta Number and Address (P.O. Box Number is Not Acceptable)  PL 27E  8. The Address (P.O. Box Number is Not Acceptable)  PL 27E  8. The Address (P.O. Box Number is Not Acceptable)  PL 27E  Address (P.O. Box Number is Not Acceptable)  PL 27E  Address (P.O. Box Number is Not Acceptable)  PL 27E  Address (P.O. Box Number is Not Acceptable)  PL 27E  Address (P.O. Box Number is Not Acceptable)	Applied For	mber Appl	4. FEI Numb		City & State		State	City & Stat
6. Name and Address of Current Registered Agent  REBOULT_JEAN-CLAUDE 7010 SW 48TH LANE MIAMI, FL 33155  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zir  City  FILITE  Separate Agent or both, in the State of Florida. I am familiar the obligations of registered agent.  City FL Zir  City  FILITE  Separate Agent  POTE Repaired Agent registered agent, or both, in the State of Florida. I am familiar the obligations of registered agent.  DATE  FILITE  FILITE  FILITE  Separate Agent  AMALAGINS MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTEL  CITY-SI-Zir  MAMM, FL 33155  CITY-SI-Zir  MIAMI, FL 33155  CITY-		\$5.00	5. Certificate	Country	Zip Co	Country		Zip
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zit		<del></del>	7. Name and		Registered Agent	and Address of Current I	6. Nam	
MIAMI, FL 33155  6. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent.  SIGNATURE    Supmale typed for protect named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride of Floride. I am familiar the obligations of registered agent, or both, in the State of Floride of Floride. I am familiar the obligations of registered agent a			· ·	Name	-	AUDE	JEAN-CL	REBOULT
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar the abligations of registered agent.  SIGNATURE    Signature		nber is Not Acceptable)	ss (P.O. Box Numb	Street Address			W 48TH LAN	7010 SW 4
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar the obligations of registered agent.  SIGNATURE    Signal	ode -	Zip Code		City				
SIGNATURE Operated byte of printed neme of registered agent and lead appacases (NOTE Repaired Agent argument required when remarking) DATE  Filling Fee is \$50.00 Duse by May 1, 2007  Make check payable Fiorida Department of Florida Department of Florida Department of Florida Department of Florida Department of REBOUL, JEAN-CLAUDE  TITLE MGRM Delete NAME STREET ADDRESS (CITY-SI-2P)  TITLE MGRM DORES TO10 SW 48TH LANE STREET ADDRESS (CITY-SI-2P)  TITLE MGRM Delete NAME STREET ADDRESS (CITY-SI-2P)  TITLE MAME STREET ADDRESS (CITY-SI-2P)  TITLE MAME STREET ADDRESS (CITY-SI-2P)  TITLE NAME STREET ADDRESS (CITY-SI-2P)  TITLE STREET ADDRESS (CITY-SI-2P)					<del></del>	<del></del>		
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11. Thereby 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or ma limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.  SIGNATURE: EVELYPPE Revenue.	oformation ger of the	ath; that I am a managing member or manager o	if made under oath	same legal effect as it:	hat my signature shall have the sa	rt is true and accurate and I	ated on this repo d liability compa	indicated limited lia