2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State
04-28-2008 90051 034 ***138.75

DOCUMENT # L06000066868

1. Entity Name
ISLAND VILLA, LLC

Principal Place of Business	Mailing Address
7010 SW 48TH LANE MIAMI, FL 33155	7010 SW 48TH LANE MIAMI, FL 33155

01072008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7124 SW 47th Street	7124 SW 47th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FLORIDA	City & State: Miami, FLORIDA
Zip: 33156 Country: USA	Zip: 33156 Country: USA

4. FEI Number 26-2681826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
REBOUL, JEAN-CLAUDE
7010 SW 48TH LANE
MIAMI, FL 33155

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	REBOUL, JEAN-CLAUDE	
STREET ADDRESS	7010 SW 48TH LANE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	MGRM	☐ Delete
NAME	REBOUL, EVELYNE	
STREET ADDRESS	7010 SW 48TH LANE	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Evelyne Reboul EVELYNE REBOUL 4/23/08 305-858-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #