2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L060000758651. Entity Name

1. Entity Name
TOWNE VILLAS, LLC



FILED Jan 14, 2008 08:00 A Secretary of State

Principal Place of Business

1324 N.W. 3RD AVE. MIAMI, FL 33136 Mailing Address

PO BOX 015344 MIAMI, FL 33101

US

CR2E083 (12/07)

01032008 No Chg-LLC

CR2E003 (12/07

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LITTLE, JOHN
C/O LEGAL SERVICES OF GREATER MIAMI, INC.
3000 BISCAYNE BLVD., SUITE 500
MIAMI. FL 33137

DO NOT WRITE IN THIS SPACE

1010-11011, 1 C	00107	ļ	••••	
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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered A	Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. ALEXANDER, DAVID J MR. 1324 NW 3RD AVENUE MIAMI, FL 33136			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000784628 01/16/08-80062-010 143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY_ST_7IP				

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 eath; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DAVID J. ALEXANDER

1/08/08

305-372-0682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Devtme Phone #