

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED  
Aug 20, 2007 8:00 am  
Secretary of State

05-02-2007 90357 045 \*\*\*\*50.00

DOCUMENT # L06000078035



1. Entity Name  
THE VILLAR, LLC

Principal Place of Business  
8974 SW 25 STREET  
MIAMI, FL 33165

Mailing Address  
8974 SW 25 STREET  
MIAMI, FL 33165

30012386



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02172007 Chg-LLC CR2E083 (12/06)

City & State  
Zip Country

4. FEI Number  
51-0632313  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
PESANT, GUILLERMÓ  
1313 PONCE DE LEON BLVD.  
SUITE 301  
CORAL GABLES, FL 33134

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 Leonor Villar DATE 4/20/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	VILLAR, RICARDO	8974 SW 25 STREET MIAMI, FL 33165				
	MGMR	VILLAR, LEONOR	8974 SW 25 STREET MIAMI, FL 33165				

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: Leonor Villar DATE 4/20/07 DAYTIME PHONE # 305-591-7283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE