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Vivendi Homes

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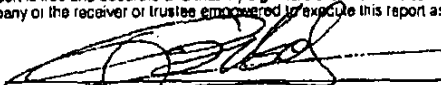
FILED
Jun 11, 2007 8:00 am
Secretary of State

04-27-2007 90023 049 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

47:

30010322

DOCUMENT # L06000084181			
1. Entity Name VIVENDI HOMES, LLC			
Principal Place of Business %701 W CYPRESS CREEK RD. STE 302 FORT LAUDERDALE, FL 33309 US		Mailing Address %701 W CYPRESS CREEK RD. STE 302 FORT LAUDERDALE, FL 33309 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 3882	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HALLANDALE Bch. Florida	
Zip	Country	Zip	Country
		33008-3882	USA
4. FEI Number 20-5499894		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD. STE 302 FORT LAUDERDALE, FL 33309		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 _____ (NOTE: Registered Agent signature required when renewing)			
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	MGRM BIBAS, OLIVIER %701 W CYPRESS CREEK RD., STE 302 FT LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		Date: 4.19.2007	