

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087790

FILED  
Mar 26, 2007  
Secretary of State

Entity Name: T-VILLAGE 903 LLC

**Current Principal Place of Business:**

% 1500 SAN REMO AVENUE, STE. 248  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

% 1500 SAN REMO AVENUE, STE. 248  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARED, PABLO R ESQ.  
BARED AND ASSOC., P.A.  
1500 SAN REMO AVENUE, STE. 248  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AMBE, MOISES  
Address: % 1500 SAN REMO AVENUE, STE. 248  
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR ( ) Delete  
Name: SEVILLA PROFETA, SARA  
Address: % 1500 SAN REMO AVENUE, STE. 248  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MOISES AMBE

M

03/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date