


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90329 038 ****50.00

DOCUMENT # L06000089926					
1. Entity Name THREE VILLA VENETO, LLC					
Principal Place of Business TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134		Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134			
2. Principal Place of Business - No P.O. Box # 1000 BRICKELL AVE		3. Mailing Address			
Suite, Apt. #, etc. 225		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State			
Zip 33131		Country USA		4. FEI Number 20-8935577	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MURAI WALD BIONDO MORENO & BROCHIN PA TWO ALHAMBRA PLAZA PENTHOUSE 1B 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
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 THREE VILLA VENETO, INC. TWO ALHAMBRA PLAZA, PENTHOUSE 1B CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: 05/25/07		Daytime Phone #: 305 539 3820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____					