

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000089926**  
 1. Entity Name  
**THREE VILLA VENETO, LLC**



Principal Place of Business <b>1000 BRICKELL AVE SUITE 225          MIAMI, FL 33131</b>	Mailing Address <b>TWO ALHAMBRA PLAZA          PENTHOUSE 1B          CORAL GABLES, FL 33134</b>
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**DO NOT WRITE IN THIS SPACE**



02132008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-8935577</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

**DO NOT WRITE IN THIS SPACE**

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

DATE: 02/27/08-80043-018 138.75

**B. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THREE VILLA VENETO, INC. TWO ALHAMBRA PLAZA, PENTHOUSE 1B CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **02/15/08** **305 539 3820**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #