

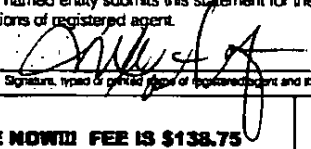
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

04-28-2008 90029 023 ***138.75

30010403



DOCUMENT # L07000045616					
1. Entity Name VILLA RIVIERA, LLC					
Principal Place of Business 786 SO. ORANGE AVE. SARASOTA, FL 34236			Mailing Address 786 SO. ORANGE AVE. SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04072008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYERS, TROY H JR. 2033 MAIN ST. STE. 600 SARASOTA, FL 34237			Name SHOAF, MARGARET		
			Street Address (P.O. Box Number is Not Acceptable)		
			2100 S. TAMiami TR., STE 200		
			City SARASOTA FL Zip Code 34239		
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 			DATE 04-10-08		
NOTE: Registered Agent signature required when reappointing.					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYR, FRIEDRICH 786 SO. ORANGE AVE. SARASOTA, FL 34236	☐ 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: 			3-31-08 941-957-6222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		