## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Jun 09, 2008 8:00 am Secretary of State 04-29-2008 90021 028 \*\*\*138.75

DOCUMENT 1. Entity Name INDRIO VILLAGI	T # L07000084 E MEZZ, LLC	578	; (			J4-29-2008 90	021 028	136.	(3
Principal Place of Business 400 ARTHUR GODFREY RD STE 200 MIAMI BEACH, FL 33140		Mailing Address 400 ARTHUR GODFREY RD STE 200 MIAMI BEACH, FL 33140				300	150801	• <b>e</b> ntil l <b>et e</b> l di	T18 El (II) (81
2. Principal Place of Bu	siness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122008	Chg-LLC	CR2E083	3 (12/06)	1	
City & State		City & State		······································	4. FEI Numb	per			pplied F
Zip Country		Zip Cour		,	5. Certificate of Status De			5.00 Ad se Require	
6. Nan	ne and Address of Current	Registered Agent	<del>\</del>		7. Name an	d Address of New I			
				Name					
LAMONT NEIMAN INTERIAN & BALLET ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD		, P.A.		Street Addre	ess (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33131									
			<u> </u>	City			FL	Zip Cod	le
SIGNATURE Signature, type	tity submits this statement localistered agent.  Indicate the statement of registered agent is  FEE IS \$138.75  B Fee will be \$538.75	nd site if spolicable (NOTI			used which remstrling)	e Mak	DATE  CATE  CATE  CATE  CONTROL  CONTRO	able to	_
9.	MANAGING MEMBE	DC (MANIACEDO			· · · · · · · · · · · · · · · · · · ·	LEDITION O	10:111050		
HILE PACK	MANAGING MEMBE AGILLY MONX Where Godfrey Rd in Berch. FL 3	Delete	10. ITTLE NAME STREET CITY-S	ADORESS 1-zip		. ADDITIONS.		Change	Ad
NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Delete	TITLE NAME STREET CITY-ST	ADORESS E-ZIP				Change	□ Ad
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	MILE NAME STREET. CITY-ST	ADORESS 1-71P				Change	□ Ad

11. Thereby 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.

4/24/08 SIGNATURE CO