FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY					
ANNUAL REPORT					
1997					



ELORIDA DEPARTMENT OF STATE

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FILING			ort \$100.00 + \$103.75				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
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		y Company DC	OCUMENT	₩196000)000	1723					
V:	TLLA	REGINA-PEN	MBROKE PI	NES GP.	L.C		1a. Principal Place of Business Address				
7.	575 E	OR. PHILIPS		,,		, ,	7575 DR. PHILIPS BLVD.				
	UITE		_				SUITE 230				
Ų.	RLANL	OO FL 32819	9				PRLANDO FL 32819				
Il above r	nailing addr	ess is incorrect in any way.	, line through Incorrec	t Information and e	enter cor	rection in Block 2a.					
		f Business		ing Address			3. Date Organiz	ed or Qualified	3a. State	of Formation	
College Ant	to		C. ito Ar	- 4 ata			∮7/08/1996 FL				
Suite, Apt.	#, etc.		Suite, Ap	1. #, OIC.			4. FEI Number Applied For				
City & Sta	te		City & St	City & State			or veen			Not Applicable	
							5. Date of Last F			ate of Status Desired	
Zip		Country	Zip		Count	ry		10,55.		conal fee Hequired	
	7 1	*	2 Depletant		<u> </u>	T	- ** 8 444	· Allow De			
	7. N	lame and Address of	Current Registered	Agent		Name	8. Name and Add	ress of New He	pistered Ap	ent	
ENN,						James	leriff:	^			
		PHILIPS BIA	JD.			Street Address (I	_ ^	O. Box Number is Not Acceptable)			
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Jisti 🕟	J	Cartie			١	Suite, Apt. #, etc					
					i	Suite	Z30		Zip Code		
						Orland	do	FL	328	319	
		provisions of Sections 6 or registered agent, or bo									
		and accept the englat		/ida, Oborronango	8 Was u	បារ បោះសេ សុ នាក្រាត	Iliya Yuta ura majon	y or me members	J. Higieby ac	200hrua abhananan	
SIGNATU	IDE						1	DATE 2/3	197		
SIGNATO	HE	(Regulated Agen)	Accepting Appointment) (N	NOTE: Registered Agen	nt signatur	re required when reinstating		DATE			
10. Title		Managing Members/	Managers	<u> </u>	Busine	ess Street Address		City,	State and Z	lip Code	
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11. I do pereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Fiorida Statutes. I further certify that the information indicated on this annual 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 liat lities company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes; and that my name appears in Block 10, or on an with an address.

SIG	NAT	URE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

pg 2012

1997 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Villa Regina - Pembroke Pines, GP L.C., a Florida limited liability company

By:

Hearthstone Advisors, Inc.

a California Corporation

Manager

By:

Mark Porath

Senior Vice President Finance

4/29/9

B18) 385-00