


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90219 031 ****50.00

DOCUMENT # L96000000882					
1. Entity Name VILLE L.C.					
Principal Place of Business 2106 BISPHAM ROAD #B SARASOTA, FL 34231			Mailing Address 2106 BISPHAM ROAD #B SARASOTA, FL 34231		
2. Principal Place of Business <i>2201 Fruitville Rd</i>			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Sarasota FL</i>			City & State		
Zip <i>34236</i>			Country <i>USA</i>		
4. FEI Number 65-0694435			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			7. Name and Address of New Registered Agent		
PATTERSON, JOHN 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236			Name <i>LPS Corporate Sucs Inc.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>46 N. Washington Blvd.</i>		
			Suite <i>Suite 1</i>		
			City <i>Sarasota</i>		
			FL Zip Code <i>34236</i>		
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 <i>E. J. Green, Vice-Pres. Inc.</i> DATE <i>3/21/04</i>					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 1116304 ONTARIO INC. <input type="checkbox"/> Delete 253 ROBINS ROAD ANCASTER, ONTARIO L9G 2L6,				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENDIANG HOLDINGS, INC <input type="checkbox"/> Delete 158 WARREN RD TORONTO ONTARIO CANADA,				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM 100070 ONTARIO LIMITED <input type="checkbox"/> Delete 95 ST. CLAIR AVENUE WEST #1605 TORONTO, ONTARIO M4V 1N6,				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SANVIN, INC. <input type="checkbox"/> Delete 46 NO WASHINGTON BLVD SARASOTA, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM JOHNSON, JOHN E <input type="checkbox"/> Delete 627 BUCHANAN STREET DAVIS, CA 95616				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARBIRDIE HOLDINGS, INC. <input type="checkbox"/> Delete 4 HIGHLAND CRESCENT TORONTO, ONTARIO M4W 2S7,				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1592689 Ontario Inc</i>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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: <i>Donald Greer</i> DATE: <i>3/24/04</i> DAYTIME PHONE #: <i>941 924 8786</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					