


**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> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Sarasota FL</i>		City & State	
Zip <i>34236</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent  PATTERSON, JOHN 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name <i>LPS Corporate Sucs Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>46 N. Washington Blvd.</i> <i>Suite 1</i> City <i>Sarasota</i> <b>FL</b> 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. Green, Vice-President</i> DATE <i>3/21/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1116304 ONTARIO INC. 253 ROBINS ROAD ANCASTER, ONTARIO L9G 2L6, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1592689 Ontario Inc</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENDIANG HOLDINGS, INC 158 WARREN RD TORONTO ONTARIO CANADA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 100070 ONTARIO LIMITED 95 ST. CLAIR AVENUE WEST #1605 TORONTO, ONTARIO M4V 1N6, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANVIN, INC. 46 NO WASHINGTON BLVD SARASOTA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHNSON, JOHN E 627 BUCHANAN STREET DAVIS, CA 95616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARBIRDIE HOLDINGS, INC. 4 HIGHLAND CRESCENT TORONTO, ONTARIO M4W 2S7, <input type="checkbox"/> Delete	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>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			