


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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



01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

LPS COPORATE SVCS INC,
 46 NORTH WASHINGTON BLVD. #1
 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 1116304 ONTARIO INC. 1592689 ONTARIO INC ANCASTER, ONTARIO L9G 2L6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENDIANG HOLDINGS, INC 158 WARREN RD TORONTO ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 100070 ONTARIO LIMITED 95 ST. CLAIR AVENUE WEST #1605 TORONTO, ONTARIO M4V 1N6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANVIN, INC. 46 NO WASHINGTON BLVD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM JOHNSON, JOHN E 627 BUCHANAN STREET DAVIS, CA 95616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARBIRDIE HOLDINGS, INC. 4 HIGHLAND CRESCENT TORONTO, ONTARIO M4W 2S7,

100000394825
 01/26/06 80026-015 50.00

DO NOT WRITE IN THIS SPACE

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: Cherie E. Rowe 1/18/06 941 924 8786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #