


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0694435	Applied For <input type="checkbox"/> 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
LPS COPORATE SVCS INC, 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1116304 ONTARIO INC.		NAME		
STREET ADDRESS	1592689 ONTARIO INC		STREET ADDRESS		
CITY-ST-ZIP	ANCASTER, ONTARIO L9G 2L6,		CITY-ST-ZIP	U00000943948 05/29/08-80079-015 138.75	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDIANG HOLDINGS, INC		NAME		
STREET ADDRESS	158 WARREN RD		STREET ADDRESS		
CITY-ST-ZIP	TORONTO ONTARIO CANADA,		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100070 ONTARIO LIMITED		NAME		
STREET ADDRESS	95 ST. CLAIR AVENUE WEST #1605		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO M4V 1N6,		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANVIN, INC.		NAME		
STREET ADDRESS	46 NO WASHINGTON BLVD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP		
TITLE	MEM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOHN E		NAME		
STREET ADDRESS	627 BUCHANAN STREET		STREET ADDRESS		
CITY-ST-ZIP	DAVIS, CA 95616		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARBIRDIE HOLDINGS, INC.		NAME		
STREET ADDRESS	4 HIGHLAND CRESCENT.		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, ONTARIO M4W 2S7,		CITY-ST-ZIP		

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: *R Bennett* 4/29/08 941 924 8286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #