


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS MAR 22 AM 10:37	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000001307 VILLA HOMES & INVESTMENTS, L.L.C. 3351 S.E. RIVER VISTA DRIVE PORT ST. LUCIE FL 34952 <i>99-AP CM</i>		1a. Principal Place of Business Address 3351 S.E. RIVER VISTA DRIVE PORT ST. LUCIE FL 34952			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 07/31/1998 3a. State of Formation FL 4. FEI Number 58-2413603 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Date of Last Report		6. Certificate of Status Desired <div style="border: 1px solid black; padding: 2px; display: inline-block;"> \$8.75 Additional Fee Required <input type="checkbox"/> </div>			
7. Name and Address of Current Registered Agent NAVARETTA, STEPHEN ATTY. 1100 S.W. ST. LUCIE WEST BLVD, SUITE PORT ST. LUCIE FL 34986			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required and when tested if sign)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code		
MGRM	D'ALLESANDRO, OLINDO	17909 GARDENIA	CLINTON TOWNSHIP MI		
MGRM	D'ALLESANDRO, CHRISTIN	17909 GARDENIA	CLINTON TOWNSHIP MI		
			7000002829557--- 3: -03/30/99 --01051--016 ****188.75 ****188.75		
11. I do 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 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Christina D'Allesandro</i> 3/16/99					