

# 2000 UNIFORM BUSINESS REPORT (UBR)

0010671 AF

DOCUMENT # L98000001307

1. Entity Name  
VILLA HOMES & INVESTMENTS, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 10 AM 9:29

Principal Place of Business  
3351 S.E. RIVER VISTA DRIVE  
PORT ST. LUCIE FL 34952

Mailing Address  
3351 S.E. RIVER VISTA DRIVE  
PORT ST. LUCIE FL 34952-5957



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |  |  |                               |  |
|--------------------------------|---------|---------------------|---------|--|--|-------------------------------|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 4. FEI Number<br>58-2413603  |  | Applied For<br>Not Applicable |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |  |  |                               |  |
| City & State                   |         | City & State        |         | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |                               |  |
| Zip                            | Country | Zip                 | Country |  |  |                               |  |

|   |  |  |  |  |  |    |  |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent        |  |    |  |
| NAVARETTA, STEPHEN ATTY.<br>1100 S.W. ST. LUCIE WEST BLVD, SUITE 203<br>PORT ST. LUCIE FL 34986 |  |  |  | Name   |  |    |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable) |  |    |  |
|   |  |  |  |  |  |    |  |
|   |  |  |  | City   |  | FL |  |

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MEMBERS                    |  |                                 | 10. ADDITIONS/CHANGES                          |   |   |
|--|--|---------------------------------|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>D'ALLESANDRO, OLINDO<br>17909 GARDENIA<br>CLINTON TOWNSHIP MI 48036    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>D'ALLESANDRO, CHRISTINA<br>17909 GARDENIA<br>CLINTON TOWNSHIP MI 48036 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 700003144007-79<br>-02/23/00--01018--016<br>*****50.00 *****50.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | mf 2/22/00  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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: *Christina D'Allesandro* X 2-4 -2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)