2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CRY-ST-DP

SIGNATURE:

Jul 12, 2004 08:00 AM **DOCUMENT # M99000000138** Secretary of State 1. Entity Name LA VILLA RIVIERA LLC Mailing Address Principal Place of Business 839 NORTH 11TH STREET 839 NORTH 11TH STREET MILWAUKEE, WI 53233 MILWAUKEE, WI 53233 02122004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. PEl Number 39-1958831 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SCHNECKENBERG, DAVID J DO NOT WRITE GO CHUDNOW CONSTRUCTION CO. OF FL. 11780 IONA RD IN THIS SPACE FORT MYERS, FL 33908 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. DATE (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 U0000001155262 07/12/04-80006-004 S0.00 MANAGING MEMBERS/MANAGERS 9. MGRM πιε LA VILLA RIVIERA, A GENERAL PARTNERSHIP NAME 839 NORTH 11TH STREET STREET ADDRESS CITY-ST-ZIP MILWAUKEE, WI 53233 TELLE NAME STREET ADDRESS CITY-ST-ZP ETE.E NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZP IN THIS SPACE πιε TARAT STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurther 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.

JHC: Signature and typed on printed name of signing wanaging member, or authorized representative

A M Chadnow

7/7/04

414-274-6010

Daylima Phone #

FILED