

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90235 013 \*\*\*\*50.00

**DOCUMENT # M99000000138**

1. Entity Name  
**LA VILLA RIVIERA LLC**



Principal Place of Business      Mailing Address  
**839 NORTH 11TH STREET**      **839 NORTH 11TH STREET**  
**MILWAUKEE WI 53233**      **MILWAUKEE WI 53233**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number      **39-1958831**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
**David J. Schneckenberg**  
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Chudnow Construction Co. of Florida**  
**11780 Iona Rd.**  
City      **FL**      Zip Code  
**Fort Myers**      **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.

SIGNATURE *David J. Schneckenberg*

*1/13/03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>LA VILLA RIVIERA, A GENERAL PARTNERSHIP</b>
STREET ADDRESS	<b>839 NORTH 11TH STREET</b>
CITY-ST-ZIP	<b>MILWAUKEE WI 53233</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *SIGNATURE REQUIRED*      *DAVID J. SCHNECKENBERG*      *1-9-03*

CR2E083 (10/02)