

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

002034

**DOCUMENT # L01000016002**

1. Entity Name

VILLA FIRENZE, LLC

02-26-2002 90013 011 \*\*\*\*50.00

Principal Place of Business 9853 NORTH TAMiami TRAIL, SUITE 218 NAPLES FL 34108	Mailing Address 9853 NORTH TAMiami TRAIL, SUITE 218 NAPLES FL 34108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1138787		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

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

CONSOER, GEORGE L JR.  
 KNOTT, CONSOER, HART & SWETT, P.A.  
 1625 HENDRY STREET  
 FORT MYERS FL 33901

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

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>MGRM</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>JAMES G. HAMMAR</i> <i>5107 KENSINGTON HIGH ST.</i> <i>NAPLES, FL 34105</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>MGRM</i> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<i>CHRISTOPHER M. CIOFFI</i> <i>2317 HARRIER RUN</i> <i>NAPLES, FL 34105</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James G. Hammar* **WITNESSES REQUIRED** *JAMES G. HAMMAR* Date: *2/11/02* Daytime Phone #: *941-598-1211*

CR2E083 (9/01)