

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90504 007 ****50.00

DOCUMENT # L01000016002
 1. Entity Name
 VILLA FIRENZE, LLC



Principal Place of Business: 9853 NORTH TAMiami TRAIL, SUITE 218 NAPLES, FL 34108
 Mailing Address: 9853 NORTH TAMiami TRAIL, SUITE 218 NAPLES, FL 34108

14023592



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

03132003 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number: 65-1138787
 Applied For: Not Applicable

Zip: Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 8, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGRM
 NAME: HAMMAR, JAMES G
 STREET ADDRESS: 5107 KENSINGTON HIGH ST
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: Change Addition

TITLE: MGRM
 NAME: CIOFFI, CHRISTOPHER M
 STREET ADDRESS: 2317 HARRIER RUN
 CITY-ST-ZIP: NAPLES, FL 34105

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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: *James G Hammar* MANAGER Date: 6/3/04 Daytime Phone #: 239-598-1811