


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000025779</b> 1. Entity Name <b>VILLAGIO AT SARASOTA LLC</b>	
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FILED

04 MAY 25 AM 11:08

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5779 NW 151ST ST MIAMI LAKES, FL 33015</b>	Mailing Address <b>5779 NW 151ST ST MIAMI LAKES, FL 33015</b>
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2. Principal Place of Business <b>14160 Palmetto Frontage Rd</b> Suite, Apt. #, etc. <b>21</b>	3. Mailing Address <b>14160 Palmetto Frontage Rd.</b> Suite, Apt. #, etc. <b>21</b>
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03262004 Chg-LLC CR2E083 (10/03) **5/25**

City & State <b>Miami Lakes, FL</b>	City & State <b>Miami Lakes, FL</b>		
Zip <b>33016</b>	Country	Zip <b>33016</b>	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CAPARROS, MARTIN JR 5779 NW 151ST ST MIAMI LAKES, FL 33015</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME	MGR FALCONE, ARTHUR	<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000037033860</b> 05/24/04--01024--002 **1406.25		
STREET ADDRESS CITY-ST-ZIP	3300 N UNIVERSITY DR CORAL SPRINGS, FL 33065			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME	MGR CAPARROS, MARTIN JR	<input type="checkbox"/> Delete		TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR Caparros, Martin Jr.		
STREET ADDRESS CITY-ST-ZIP	5779 NW 151ST ST MIAMI LAKES, FL 33015			STREET ADDRESS CITY-ST-ZIP	14160 Palmetto Frontage Rd. #21 Miami Lakes, FL 33016		
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/> Delete		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS CITY-ST-ZIP				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:** \_\_\_\_\_ *Martin Caparros* **4/30**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #