2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079024

Entity Name: VILLAGGIO AT LADY LAKE, LLC

ORLANDO, FL 32835 US

City-St-Zip:

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
5950 I AKI	EHURST DR			
169	LITOROT BR			
ORLANDO	D, FL 32819	US		
Current Mailing Address:			New Mailing Address:	
169	EHURST DR D, FL 32819	US		
FEI Number		FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
			Tune una ; tuai ess	or mon magnetored rigenia
5950 LAKE 101	L, FLORALEE EHURST DR D, FL FL US			
The above		submits this statement for the p	urpose of changing its register	red office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	nt	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	LB MANAGEM) Delete ENT, CORP, (DBA: CONSTRUP L EX) RST DR STE 168 32819 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BR GROUP, L	RST DR STE 169	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	JADE OF AME	RST DR STE 236	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (CHAPLAIN SE PO BOX 1538 LADY LAKE, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CATALYSIA O) Delete F AMERICA, , CORP RST DR STE 169 32819 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	KASHIMA, MIL) Delete TON K ELLO PL # 206	Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: LB MANAGEMENT CORP MGRM 04/06/2006