

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000008677

1. Entity Name  
VILLA 205, L.L.C.**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90426 047 \*\*\*\*50.00

0004097

Principal Place of Business

326 GULF SHORE DRIVE  
DESTIN FL 32541

Mailing Address

326 GULF SHORE DRIVE  
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number 64-0927761

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

PRUITT, IRA D JR.  
326 GULF SHORE DRIVE  
DESTIN FL 32541

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

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 Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PHILLIPS, CHARLEY E  
2212 B STREET  
MERIDIAN MS 39301 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
PHILLIPS, CHARLEY E  
398 CR 27  
BAY SPRINGS, MS 39422 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
THE SOUTHWEST TRUST  
2212 B STREET  
MERIDIAN MS 39301 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
THE SOUTHEAST TRUST  
2212 B STREET  
MERIDIAN MS 39301 ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/11/02 601-764-4685

Date

Daytime Phone #

CRE083 (4/02)