

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90162 015 \*\*\*\*50.00

**DOCUMENT # L00000012575**

1. Entity Name  
**VILLA SAN MARCO, A FLORIDA LIMITED LIABILITY COM  
 PANY**

Principal Place of Business

Mailing Address

~~P.O. BOX 15694~~  
**TALLAHASSEE FL 32317**

~~P.O. BOX 15694~~  
**TALLAHASSEE FL 32317**

**B0049286**

2. Principal Place of Business

3. Mailing Address

**2400 W. THAYER ST.**

**P.O. BOX 2535**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

~~20-2951171~~  
**59-3680322**

Not Applicable

Zip

Country

Zip

Country

**32304**

**32316-2535**

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSEN, PETER S  
 409 E. 7TH AVE.  
 TALLAHASSEE FL 32303**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<del>VP</del>	<b>ROSEN, PETER</b>	<b>409 E. SEVENTH AVE.</b>	<b>TALLAHASSEE FL 32303</b>	<input type="checkbox"/>
<del>P</del>	<b>LEONI, STEVEN</b>	<b>409 E. SEVENTH AVE.</b>	<b>TALLAHASSEE FL 32303</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>MEMBER</b>		<b>820 SAINT MICHAEL ST.</b>	<b>32301</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>MANAGING MEMBER</b>		<b>P.O. BOX 2535</b>	<b>32316-2535</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Signature]*  
**SIG**

**3/13/02**

**850-580-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)