


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

03-04-2004 90071 019 ****50.00

DOCUMENT # L00000012575
 1. Entity Name
VILLA SAN MARCO, LLC



Principal Place of Business
**2400 N THARPE ST
 TALLAHASSEE, FL 32304**

Mailing Address
**P.O. BOX 16694
 TALLAHASSEE, FL 32317**

34005370



2. Principal Place of Business
2400 WEST THARPE ST
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 2535
 Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State
TALL FL

Zip Country
32316

4. FEI Number
59-3680322

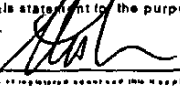
Applied For
 Not Applicable

5. Certificate of Status Desired \$6.00 Additional Fee Required

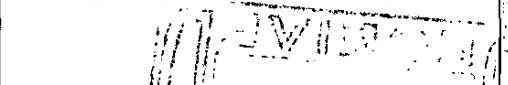
6. Name and Address of Current Registered Agent
**LEONE, STEVEN M
 235 SOUTH Ocala ROAD
 TALLAHASSEE, FL 32304**

7. Name and Address of New Registered Agent
 Name **Leoni, Steven M**
 Street Address (P.O. Box Number is Not Acceptable)
2020 West Park Ocala St.
Suite #27
 City **Tallahassee** FL Zip Code **32304**

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  DATE **2/24/04**

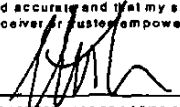
Filing Fee is \$50.00 Due by May 1, 2004



Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
	MGRM LEONI, STEVEN P.O. BOX 2535 TALLAHASSEE, FL 323162535	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  DATE **2/26/04** DAYTIME PHONE # **580-3131**