


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90534 049 ****50.00

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

Principal Place of Business 2400 WEST THARPE ST TALLAHASSEE, FL 32304	Mailing Address PO BOX 2535 TALLAHASSEE, FL 32316
---	---

DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3680322	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

LEONI, STEVEN M
2020 WEST PENSACOLA ST.
SUITE #27
TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN P.O. BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, PETER S PO BOX 3535 TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  Date: 3-15-05 Daytime Phone #: 5803131