


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 APR 27 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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01252007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

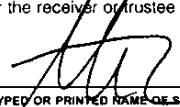
9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN P.O. BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSEN, PETER S PO BOX 2535 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/07/07--01006--013 **50.00

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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/16/07 850-580+3131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #