2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L01000003559

Entity Name: VILLA APARTMENTS, L.L.C.

Current Principal Place of Business:

300 N. FLAGLER AVE.
FLAGLER BEACH, FL 32136 US

New Principal Place of Business:

Current Mailing Address:

3313 KINGS RD. SOUTH
ST AUGUSTINE, FL 32086 US

New Mailing Address:

FEI Number: 31-1798055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI VICO, KAREN M
3313 KINGS RD. SOUTH
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	DIVICO, MARY	
Address:	160 LANTANA AVE	
City-St-Zip:	FLAGLER BEACH, FL 32136	
Title:	MGRM	( ) Delete
Name:	DIVICO, GREGORY	
Address:	3313 KINGS RD. SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32086 US	
Title:	MGRM	( ) Delete
Name:	DIVICO, KAREN M	
Address:	3313 KINGS RD. SOUTH	
City-St-Zip:	ST. AUGUSTINE, FL 32086 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY DIVICO MGRM 03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date