2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000007973

1. Entity Name
VILLA SAN MARCO PARTNERS, LLC



Principal Place of Business

17 LA VISTA DRIVE PONTE VEDRA BEACH, FL 32082 Mailing Address

17 LA VISTA DRIVE

PONTE VEDRA BEACH, FL 32082

FILED Feb 02, 2004 8:00 am Secretary of State

02-02-2004 90209 028 ****50.00

FATCARF



01162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3726958	Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.= 841 PRUDENITAL DRIVE, STE. 140 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its register tions of registered agent.	red office or registered agent, or both, in the State of Florida. I am familiar with	, and accept
SIGNATURE	ADT .	ed Agent slangture required when reinstating) DATE	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register	ed Agent signature required when reinstating) DATE	···
Fi	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	with the second	* * * * * * * * * * * * * * * * * * *
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANAN, JOHN H 17 LA VISTA DR. PONTE VEDRA BEACH, FL 32082		\$ _ 46
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PONTE VEDICA BEACH, PE 32002		*
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	المستحدد الم
TITLE NAME * STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	in the state of th		Y.

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _

NTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

26/04. 904-

Daytime Phone #