

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014895	
1. Entity Name LAVILLA SQUARE LLC	



Principal Place of Business 2008 RIVERSIDE AVENUE 200 JACKSONVILLE, FL 32204	Mailing Address 2008 RIVERSIDE AVENUE 200 JACKSONVILLE, FL 32204
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FILED
05 MAY 12 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005No Chg-LLC CR2E083 (10/03)

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4. FEI Number 59-3756990	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 JONES, CARLTON 2008 RIVERSIDE AVENUE SUITE 200 JACKSONVILLE, FL 32204

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, CARLTON 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DANFORD, RICHARD 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204
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4/29/05

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: *Carlton Jones* *4/29/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #