

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002660

FILED
Mar 10, 2005
Secretary of State

Entity Name: CITRUS SPRINGS VILLAS, LLC

Current Principal Place of Business:

2700 W. CYPRESS CREEK ROAD, SUITE C-103
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

7331 OFFICE PARK PLACE
ST 400
VIERA, FL 32940

Current Mailing Address:

2700 W. CYPRESS CREEK ROAD, SUITE C-103
FORT LAUDERDALE, FL 33309

New Mailing Address:

7331 OFFICE PARK PLACE
ST 400
VIERA, FL 32940

FEI Number: 03-0396846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIOTRKOWSKI, JOEL S
317-71ST STREET
MIAMI BEACH, FL 33141 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/MEMBERS:

Title: MGRM () Delete
Name: MARKOFISKY, STANLEY
Address: 3696 N FEDERAL HIGHWAY, #203SUITE C-103
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: ACKERMAN, MARK D
Address: 3696 N FEDERAL HIGHWAY, #203SUITE C-103
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ACKERMAN, MARK D
Address: 7331 OFFICE PARK PLACE ST 400
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK ACKERMAN

MGR

03/10/2005

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