


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90533 044 ****50.00

DOCUMENT # L02000015484
 1. Entity Name
 VILLA SAN CARLO, LLC



Principal Place of Business Mailing Address
 205 WHITE DR. P.O. BOX 2535
 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32316-2535

DO NOT WRITE IN THIS SPACE

20023100



02032005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3713573	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEONI, STEVEN M
 2020 WEST PENSACOLA ST.
 SUITE #27
 TALLAHASSEE, FL 32304

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B. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

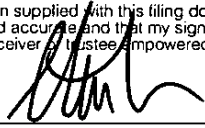
**Filing Fee is \$50.00
 Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN PO BOX 2535 TALLAHASSEE, FL 323162535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSEN, PETER S PO BOX 2535 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDNICK, JAMES RUDNICK, JAMES PO BOX 2535 TALLAHASSEE, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, trustee, or other person empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3-15-05 (807) 131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #