

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED


07 APR 27 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01252007 No Chg-LLC CR2E083 (11/05)

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



Principal Place of Business
205 WHITE DR.
TALLAHASSEE, FL 32304

Mailing Address
P.O. BOX 2535
TALLAHASSEE, FL 32316-2535

DO NOT WRITE IN THIS SPACE

BK

4. FEI Number 04-3713573	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

LEONI, STEVEN M
2020 WEST PENSACOLA ST.
SUITE #27
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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 _____ 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, 2007**

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 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	

BK

300101633573
05/07/07--01006--008 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/16/07 850-580-3131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #