

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015484

Entity Name: VILLA SAN CARLO, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

205 WHITE DR.
TALLAHASSEE, FL 32304

New Principal Place of Business:

205 WHITE DR.
TALLAHASSEE, FL 32304 US

Current Mailing Address:

P.O. BOX 2535
TALLAHASSEE, FL 323162535

New Mailing Address:

P.O. BOX 2535
TALLAHASSEE, FL 323162535 US

FEI Number: 04-3713573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEONI, STEVEN M
2020 WEST PENSACOLA STREET
SUITE #27
TALLAHASSEE, FL 32304 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONI, STEVEN
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535

Title: P (X) Delete
Name: ROSEN, PETER S
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: P () Delete
Name: RUDNICK, JAMES
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 323162535 US

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

Title: MGRM (X) Change () Addition
Name: RUDNICK, JAMES
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: STEVEN M. LEONI

MGRM

04/28/2009

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