


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

S03139905377
5/2/2003-90594-001-\$100.00-\$50.00 *

DOCUMENT # L02000015484

1. Entity Name
VILLA SAN CARLO, LLC



FILED
2003 OCT -3 PM 2:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
**235 SOUTH OCALA RD
TALLAHASSEE FL 32304**

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
205 WHITE DR

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

4. FEI Number
04-3713573

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**LEONI, STEVEN M
235 SOUTH OCALA RD.
TALLAHASSEE FL 32304**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **MANAGING MEMBER**
STEVEN LEONI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: **9/19/2003** Daytime Phone #: **580-3131**

CR2E083 (4/03)