

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90071 022 \*\*\*\*50.00

<b>DOCUMENT # L02000015485</b> 1. Entity Name <b>VILLA CONRADI, LLC</b>					
Principal Place of Business <del>235 SOUTH OCALA RD.</del> <b>TALLAHASSEE, FL 32304</b>			Mailing Address <b>P.O. BOX 2535</b> <b>TALLAHASSEE, FL 32316-2535</b>		
2. Principal Place of Business <b>445 Conrad St 10</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>04-3713567</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEONI, STEVEN M</b> <b>235 SOUTH OCALA RD.</b> <b>TALLAHASSEE, FL 32304</b>				7. Name and Address of New Registered Agent Name <b>Leoni, Steven M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 West Pensacola St</b> <b>Suite #27</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32304</b>	
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  <b>2/26/04</b>					
Filing Fee is \$50.00 Due by May 1, 2004					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>GEORT, STEVEN N</b> <b>235 S OCALA RD</b> <b>TALLAHASSEE, FL 32304</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>STEVEN M LEONI</b> <b>PO Box 2535</b> <b>TALL, FL 32316-2535</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>2/26/04</b> <b>580-3131</b>					