

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90079 029 ****50.00

DOCUMENT # L02000015485

1. Entity Name
VILLA CONRADI, LLC



Principal Place of Business

445 CONRAD ST TO 2020 W. PENSACOLA ST
TALLAHASSEE, FL 32304 SUITE 27

Mailing Address

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

DO NOT WRITE IN THIS SPACE



02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
04-3713567

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
2020 W. PENSACOLA ST STE 27
TALLAHASSEE, FL 32304

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-05

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ~~GEORGE STEVEN M~~ LEONI, STEVEN M
STREET ADDRESS PO BOX 2535
CITY-ST-ZIP TALLAHASSEE, FL 323162535

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-15-05

5703131