2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90071 018 ****50.00

DOCUMENT # L02000015486

1. Entity Name
VILLA CRISTINA, LLC

Principal Place of Business	Mailing Address
235 SOUTH OCALA RD. TALLAHASSEE, FL 32304	P.O. BOX 2535 TALLAHASSEE, FL 32316-2535

02242004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2020 W. PENSACOLA ST.	
Suite, Apt. #, etc. SUITE 27	Suite, Apt. #, etc.
City & State TALLAHASSEE, FL	City & State
Zip 32304 / Country	Zip / Country

4. FEI Number
04-3713572
☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONI, STEVEN M 235 SOUTH OCALA RD. TALLAHASSEE, FL 32304	Name: Leoni, Steven M Street Address (P.O. Box Number is Not Acceptable): 2020 West Pensacola St. Suite # 27 City: Tallahassee FL Zip Code: 32304

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 _____ 3/25/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 LEONR, STEVEN M PO BOX 2535 TALLAHASSEE, FL 323162535	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Leoni, Steven M	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 2/26/04 580-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #