


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L02000045486 1. Entity Name VILLA CRISTINA, LLC |  |
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| Principal Place of Business 2020 W. PENSACOLA ST. SUITE 27 TALLAHASSEE, FL 32304 | Mailing Address P.O. BOX 2535 TALLAHASSEE, FL 32316-2535 |
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02032005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 04-3713572 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent LEONI, STEVEN M 2020 WEST PENSACOLA ST. SUITE #27 TALLAHASSEE, FL 32304 |
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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

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM LEONI, STEVEN M PO BOX 2535 TALLAHASSEE, FL 323162535 |
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| <p>U00000304763 04/14/05-80054-015 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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)(f), 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:  **3-15-05** **5803131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #