


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90132 022 \*\*\*\*50.00

<b>DOCUMENT # L02000018725</b> 1. Entity Name <b>VILLAGE GRANDE OF DELRAY BEACH, L.L.C.</b>			
Principal Place of Business <b>65 NE 4TH AVENUE 11 S. Swinton Ave</b> <b>DELRAY BEACH FL 33483</b> <b>33444</b>		Mailing Address <b>65 NE 4TH AVENUE 11 S. Swinton Ave</b> <b>DELRAY BEACH FL 33483</b> <b>33444</b>	
2. Principal Place of Business <b>11 So. Swinton AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>11 So. Swinton AVE</b> Suite, Apt. #, etc.	
City & State <b>Delray Beach, FL</b> Zip <b>33444</b>		City & State <b>Delray Beach, FL</b> Zip <b>33444</b>	
Country <b>USA</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>CARBONE, LOUIS J</b> <b>65 NE 4TH AVENUE 11 S. Swinton Ave</b> <b>DELRAY BEACH FL 33483</b> <b>33444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By September 8, 2004</b> </div>			
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CARBONE, LOUIS J</b> <b>65 NE 4TH AVENUE</b> <b>DELRAY BEACH FL 33483</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CARBONE, KATHRYN</b> <b>65 NE 4TH AVENUE</b> <b>DELRAY BEACH FL 33483</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CARBONE, PAT</b> <b>65 NE-4TH AVENUE</b> <b>DELRAY BEACH FL 33483</b>	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
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:**

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

Date

Daytime Phone #