

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000025831

1. Entity Name
VILLAGES, L.L.C.



Principal Place of Business
777 N. HIGHWAY A1A, #201
INDIALANTIC, FL 32903

Mailing Address
777 N. HIGHWAY A1A, #201
INDIALANTIC, FL 32903



01122004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4215552

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS R
1221 EAST NEW HAVEN
MELBOURNE, FL 32901

**DO NOT WRITE
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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DOWNS DEVELOPMENT CORPORATION
STREET ADDRESS 777 N. HIGHWAY A1A, #201
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE MGRM
NAME DEVELOPERS, SALCO
STREET ADDRESS 200 BREVARD AVENUE, SUITE 103
CITY-ST-ZIP COCOA, FL 32922

TITLE MGRM
NAME MICHAEL FREDERICK LESSER
STREET ADDRESS 405 ATLANTIC STREET
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000104045
04/05/04-80081-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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

4/1/04

Date

(321) 725-3000

Daytime Phone #