## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNS

## 02-03-2005 90113 043 \*\*\*\*50.00 **DOCUMENT # L02000025831** 1. Entity Name VILLÁGES, L.L.C. 20007358 Principal Place of Business Mailing Address 777 N. HIGHWAY A1A. #201 777 N. HIGHWAY A1A. #201 INDIALANTIC, FL 32903 INDIALANTIC, FL 32903 2. Principal Place of Business 3. Mailing Address 2050 S. PATRICK DRIVE 2050 S. PATRICK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-LLC CR2E083 (10/03) SUITE B SUITE B City & State City & State 4. FEI Number Applied For BEACH INDIAN HARBOR BEACH, FL INDIAN HARBOR 13-4215552 Not Applicable Country Country Zip \$5.00 Additional ÜSA 5. Certificate of Status Desired 3 2937 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSLEY, CURTIS R Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN MELBOURNE, FL 32901 City 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 Filing Fee is \$50.00 Due by May 1, 2005 Make.check.payable.to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Delete TITLE ☐ Addition TILE DOWNS DEVELOPMENT CORPORATION NAME NAME ZOSO S. PATRICK DR., SUITE B 777 N. HIGHWAY A1A, #201 STREET ADDRESS STREET ADDRESS INDIAN HARBOR BEACH, FL 32937 CITY - ST - ZIP INDIALANTIC, FL 32903 CITY-ST-ZIP TILLE MGRM ☐ Delete <sub>Aur</sub> Change ■ Addition NAME 1 1. . . DEVELOPERS, SALCO SALAMONE DEVELOPMENT, INC. SSOS N. ATLANTIC AVENUE SUITE 108 NAME 200 BREVARD AVENUE, SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 CITY-ST-ZIP COCOA, FL 32922 MGRM Delete TITLE ☐ Change ☐ Addition MICHAEL FREDERICK LESSER NAME NAME STREET ADDRESS **405 ATLANTIC STREET** STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH, FL 32951 CITY-ST-7IP Defete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 shell-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 reporter or trustee empended to execute this report as required by Chapter 608, Florida Statutes. (321) 725-3000

SER. OR AUTHORIZED REPRESENTATIVE

FILED Feb 03, 2005 8:00 am

**Secretary of State**