

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000025831

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



Principal Place of Business
2050 S. PATRICK DRIVE
SUITE B
INDIAN HARBOR BEACH, FL 32937

Mailing Address
2050 S. PATRICK DRIVE
SUITE B
INDIAN HARBOR BEACH, FL 32937



01062006No Chg-LLC

CR2E083 (11/05)

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)

000000515711

04/24/06-80218-024 50.00

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOWNS DEVELOPMENT CORPORATION
STREET ADDRESS	2050 S. PATRICK DR, STE B
CITY-STATE-ZIP	INDIAN HARBOR BEACH, FL 32937
TITLE	MGRM
NAME	SALAMONE DEVELOPMENT, INC.
STREET ADDRESS	5505 N. ATLANTIC AVE, STE 108
CITY-STATE-ZIP	COCOA BEACH, FL 32931
TITLE	MGRM
NAME	MICHAEL FREDERICK LESSER
STREET ADDRESS	405 ATLANTIC STREET
CITY-STATE-ZIP	MELBOURNE BEACH, FL 32951
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/12/06

Date

(321) 725-3000

Daytime Phone #