

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 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



01282008 No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DOWNS DEVELOPMENT CORPORATION
STREET ADDRESS	2050 S. PATRICK DR, STE B
CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937

TITLE	MGRM
NAME	SALAMONE DEVELOPMENT, INC.
STREET ADDRESS	5505 N. ATLANTIC AVE, STE 108
CITY-ST-ZIP	COCOA BEACH, FL 32931

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	

U00000921510
05/15/08-80009-016 138.75

**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

Date

Daytime Phone #

4/14/08

321-725-3000