2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5

FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90112 047 ****50.00

34007367

DOCUMENT # L03000001836

1. Entity Name
VILLAS OF WESTSHORE, L.L.C.

Principal Place of Business	Mailing Address
3009 BARCELONA STREET, SUITE B TAMPA, FL 33629	3009 BARCELONA STREET, SUITE B TAMPA, FL 33629

2. Principal Place of Business	3. Mailing Address
2506 S. MACDILL AVE	2506 S. MACDILL AVE
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.: SUITE A
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33629 Country:	Zip: 33629 Country:

04122004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1175427 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANDCRAFT DEVELOPMENT, INC. 3009 BARCELONA STREET, SUITE B TAMPA, FL 33629	Name: Street Address (P.O. Box Number is Not Acceptable): 2506 S. MACDILL AVE. SUITE A City: TAMPA FL Zip Code 33629

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER LANDCRAFT DEVELOPMENT INC. 2506 S. MACDILL AVE., SUITE A TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] 4/30/04 (813) 902.0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #