2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/13/2004-90331-026-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 18 AM 7:10

DOCUMENT # L03000007654

1. Entity Name
LA VILLA DEVELOPMENT GROUP, LLC

Principal Place of Business	Mailing Address
60 OCEAN BLVD. SUITE 1 ATLANTIC BEACH, FL 32233	60 OCEAN BLVD. SUITE 1 ATLANTIC BEACH, FL 32233

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03302004 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4242567 ☐ 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
SONES, MICHAEL A 60 OCEAN BLVD. SUITE 1 ATLANTIC BEACH, FL 32233	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______________________ 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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SONES, MICHAEL A. 60 OCEAN BLVD, STE ONE ATLANTIC BEACH, FL 32233 ☐ Change ☒ Addition
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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 ______________________ 4/1/04 (904) 246-9593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #