

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000010132

1. Entity Name
DELEON VILLAS, LLC



Principal Place of Business
13014 NORTH DALE MABRY HIGHWAY
SUITE 356
TAMPA, FL 33618

Mailing Address
13014 NORTH DALE MABRY HIGHWAY
SUITE 356
TAMPA, FL 33618



04182005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0513011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COCKEY, PRESTON O JR.
201 NORTH FRANKLIN STREET
SUITE 2200
TAMPA, FL 33602

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
RALLAPORT, ALEXANDER G
13907 CARROHWOOD VILLAGE RUN
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
NOWAK, GREG
6654 78TH AVE. NORTH
PINELLAS PARK, FL 33781

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LANDERS, JAMES
2506 S. MACDILL AVE.
TAMPA, FL 33629

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000318399

04/20/05-80057-010 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Alexander G. Rallaport

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-05

813-269-0899

Date

Daytime Phone #