


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**V FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**  
*Note - Annual Filing Fee*  
*1/27/05*  
*SC*

|  |   |
|--|---|
| <b>DOCUMENT # L03000012006</b><br>1. Entity Name<br><b>VILLAS AMANTEA, LLC</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>1336 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> | Mailing Address<br><b>1336 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> |
|--|--|

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



1st MOORE CR2E083 (10/04)

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>MINCEY, DONALD<br/>1336 WEST FLETCHER AVENUE<br/>TAMPA FL 33612</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
|---|---|

|   |   |
|---|---|
| 4. FEI Number<br><b>55-0824836</b>                        | Applied For<br><input type="checkbox"/> Not Applied |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required               |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MINCEY, DONALD R<br/>13909 SHADY SHORES DRIVE<br/>TAMPA FL 33613</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><br>U00000202678<br>01/28/05-80120-004 <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>CROWDER, SHEFFIELD L<br/>2910 W. BAY-TO-BAY BLVD., #200<br/>TAMPA FL 33629</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add  |

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:** *Sheffield Crowder* *Sheffield Crowder* *1/27/05* *813-221-7534*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE