2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025779 FILED VILLAGIO AT SARASOTA LLC 04 MAY A5 AM 11: 08 Principal Place of Business Mailing Address 5779 NW 151ST ST 5779 NW 151ST ST MIAMI LAKES, FL 33015 MIAMI LAKES, FL 33015 2. Principal Place of Business 14/60 Pal metto Frontage 3. Mailing Address Frontage Ad 14160 Palmetto Suite, Apt. #, etc. Suite, Apt. #, etc. 03262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For ami JIOMI Not Applicable \$5.00 Additional 3016 3016 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPARROS, MARTÍN JR Street Address (P.O. Box Number is Not Acceptable) 5779 NW 151ST ST MIAMI LAKES, FL 33015 City 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 fille if applicable. Filing Fee is \$50,00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Change Delete Addition ဝဝဝဝဒ္ဌဝဒ္ဒဒ္ဌဒီနိုင္ပ်ံ႐ွ FALCONE, ARTHUR NAME NAME 05/24/04--01024--002 **1406.25 STREET ADDRESS 3300 N UNIVERSITY DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 MOR. TITLE ☐ Detete TITLE Change ☐ Addition NAME CAPARROS, MARTIN JR NAME Caparros, Martin Jr. STREET ADDRESS 14160 Palmetto Frontage Rd. #21 STREET ADDRESS 5779 NW 151ST ST CITY-ST-ZIP MIAMI LAKES, FL 33015 CITY-ST-ZIP Miami Lakes, Fl. 33016 TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7P 11. I hereby certify that the information supplied with this fixing 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 on trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF STORTING MANAGING MEMBER. MANAGER, OR AUTHORIZED RE Daytime Phone