## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

## Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # L03000030815 1. Entity Name MARGARITA VILLAS, LLC Principal Place of Business Mailing Address 773 S. KIRKMAN ROAD P O BOX 1117 CAPE CANAVERAL FL 32920 ORLANDO FL 32811 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0155282 Not Applicant Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALL BUSINESS RESOURCES, INC. Street Address (P.O. Box Number is Not Acceptable) 773 S. KIRKMAN ROAD 118 ORLANDO FL 32811 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TIFLE HHE Antiiti. ☐ Delete Change NAME STARR, JAMES P NAME U00U0U302763 STREET ADDRESS PO BOX 1117 STREET ADORESS 04/13/05-80083-025 50.00 CITY-ST-ZIP CAPE CANAVERAL FL 32952 C114-51-Z1F TITLE Delete IJĮĮĘ . Change ALLES NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CILY-ST-7/P TOLE ☐ Defete WHE Change NAME NAME STREET ADDRESS STREET ADDRESS CILY-SI-ZIE CHY-ST-ZIP 11111 ☐ Delete DRE ☐ Change □.... NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP JJJJ E ☐ Delete HHE ∏ A. Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE Delete HIEF Change ☐ Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-71P CHY-SI-7(P 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 properties of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED