


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90151 021 ****50.00

DOCUMENT # L03000032352

1. Entity Name
VILLA SAN MARCO INVESTORS, LLC



Principal Place of Business
**17 LAVISTA DR.
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**17 LAVISTA DR.
 PONTE VEDRA BEACH, FL 32082**

2. Principal Place of Business
1514 Roberts Dr

3. Mailing Address
1514 Roberts Dr


Suite, Apt. #, etc.

City & State
Jacksonville Bch, FL

City & State
Jacksonville Bch, FL

Zip
32250 Country **Duval**

Zip
32250 Country **Duval**



01262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0183795

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**STONEBURNER BERRY & SIMMONS, P.A.
 841 PRUDENTIAL DR, STE 140
 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR VILLA SAN MARCO PARTNERS, LLC 17 LAVISTA DR. PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Hanan, Mgr Pk Date: 2/7/06 904 224-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #