2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Apr 18, 2008 08:00 All Secretary of State DOCUMENT # L03000033716 1. Entity Name VILLA DEL SOL OF CLEARWATER BEACH, LLC Principal Place of Business Mailing Address 163 BAYSIDE DRIVE 163 BAYSIDE DRIVE CLEARWATER FL 33767 **CLEARWATER FL 33767** 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 57-1185937 Not Applicable Ζıp Country Zip Couritry \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo PRATESI, EMIL G Street Address (P.O. Box Number is Not Acceptable) **1253 PARK ST CLEARWATER FL 33756** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both lin the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type thoir printed name of registered agent and tille if applicable (NOTE: Registered Agent's gliature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TOTAL MGR □ Defete TITLE Addition 11000000906811 DIGIOVANNI, AGOSTINO NAME 05/05/08-80013-010 138.7S STREET ADDRESS 163 BAYSIDE DRIVE STREET ADDRESS CITY-ST-ZIF CLEARWATER FL 33767 CITY-ST-Z:P TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-ST-Z:P THILE Delete THILE Change Addition NAME NAME STREET ADDRESS STREET ACCIPESS CITY-ST-7IP CITY-S1-7:P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE Change Addition 🔲 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 path; that I am a managing member or manager of the

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited liability company or the receiver or vustee empowered to execute this report as required by Chapter 608, Florida Statutes

FILED

Daylore Prezio #