

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90355 044 \*\*\*\*50.00

**DOCUMENT # L03000053285**

1. Entity Name  
**VILLA LAGO, LLC**



Principal Place of Business  
**1265 HORSE & CHASE BLVD.**  
**VENICE, FL 34285 US**

Mailing Address  
**1265 HORSE & CHASE BLVD.**  
**VENICE, FL 34285 US**

**20015457**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODGERS, SAM R**  
**1265 HORSE & CHASE BLVD.**  
**VENICE, FL 34285**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 MGR  Delete  
 NAME **RODGERS, SAM R**  
 STREET ADDRESS **1265 HORSE & CHASE BLVD.**  
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE NAME  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
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TITLE NAME  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3-6-06*

*941-493-6620*