

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012987

FILED
Jan 06, 2005
Secretary of State

Entity Name: THE VILLAS AT PINE KEY, LLC

Current Principal Place of Business:

329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISLER, MICHAEL M
329 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SECOR, MICHAEL
Address: 622 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: SECOR, SHERRY
Address: 622 MARAVILLA AVENUE
City-St-Zip: SEBRING, FL 33872

Title: MGRM () Delete
Name: EISENSTEIN, BRADLEY L
Address: 4935 NW 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: EISENSTEIN, LINDA J
Address: 4935 NW 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: JAGOLTA, KENNETH X
Address: 4917 NW 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGRM () Delete
Name: SMITH, SHARON
Address: 4917 NW 119TH TERRACE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DISLER, MICHAEL M
Address: 3734 CREEKSIDE DRIVE
City-St-Zip: SEBRING, FL 33875

Title: MGRM (X) Change () Addition
Name: DISLER, CAROLE A
Address: 3734 CREEKSIDE DRIVE
City-St-Zip: SEBRING, FL 33875

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MICHAEL SECOR

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date