



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000012987</b>	
1. Entity Name <b>THE VILLAS AT PINE KEY, LLC</b>	

Principal Place of Business <b>1913 PINE KEY BLVD SEBRING, FL 33870</b>	Mailing Address <b>1913 PINE KEY BLVD SEBRING, FL 33870</b>
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**DO NOT WRITE IN THIS SPACE**



01092007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>DISLER, MICHAEL M 329 SOUTH COMMERCE AVENUE SEBRING, FL 33870</b>	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECOR, MICHAEL 622 MARAVILLA AVENUE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SECOR, SHERRY 622 MARAVILLA AVENUE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISLER, MICHAEL M 3734 CREEKSIDE DRIVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DISLER, CAROLE A 3734 CREEKSIDE DRIVE SEBRING, FL 33875
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAGOLTA, KENNETH X 4917 NW 119TH TERRACE CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, SHARON 4917 NW 119TH TERRACE CORAL SPRINGS, FL 33076

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IN THIS SPACE**

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01/18/07-80060-006 50.00

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**  **MICHAEL SECOR** **1/15/07 (863) 385-1649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #