## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L04000046073

1. Entity Name VILLÀ 9, EMERALD POINTE, LLC



**FILED** Feb 08, 2006 08:00 AN Secretary of State

Daytime Phone #

Principal Place of Business

25188 E. MARION AVE.

CONDO F308 PUNTA GORDA, FL 33950 Mailing Address 25188 E. MARION AVE. CONDO F308

PUNTA GORDA, FL 33950



DO NOT	WRITE	IN THIS	SPACE
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6. Name and Address of Current Registered Agent

01052006 No Chg-LLC CR2E083 (11/05)

4.	FEI Number	<u> </u>	Applied For
	NOT APPLICABLE	 	Not Applicable
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

FRY, BARBARA M 25188 E. MARION AVE F308

PUNTA GORDA, FL 33950

DO	NOT	WRITE
IN	THIS	SPACE

	named epity submits title statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or bi	oth, in the State of Florida. I am familiar with, and accept
SIGNATION ILL	Signature, typed or grinted name of registered agent and title if applicable.	(NOTS Registered Agent agreture required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRG FRY, BARBARA M 25188 E. MARION AVE, F308 PUNTA GORDA, FL 33950		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			//00000425386 02/18/06-80093-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
NTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-71P			

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, OR AUTHORIZED REPRESENTATIVE Date