

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046936

FILED  
Jul 28, 2008  
Secretary of State

**Entity Name:** VILLA DEL SOL AT CAPE SAN BLAS, L.L.C.

**Current Principal Place of Business:**

6230 SHILOH ROAD  
SUITE 200  
ALPHATRITA, GA 30005

**New Principal Place of Business:**

**Current Mailing Address:**

6230 SHILOH ROAD  
SUITE 200  
ALPHARETTA, GA 30005

**New Mailing Address:**

**FEI Number:** 20-1284305      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HOOD, CLINT J  
1804 SUZIE CT  
ST. GEORGE ISLAND, FL 32328      US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ORR, WAYNE  
Address: 6230 SHILOH ROAD  
City-St-Zip: ALPHARETTA, GA 30005

Title: MGRM ( ) Delete  
Name: CLEMENT, JAMES E  
Address: 6230 SHILOH ROAD  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES:**

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 exemption stated in Chapter 119, 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: WAYNE ORR

MGRM

07/28/2008

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