

AMENDED
**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

02-18-2005 90129 033 *****50.00
03-28-2005 90294 049 *****50.00
L04000051770

DOCUMENT # L04000051770					
1. Entity Name VIRGINIA COURTYARD VILLAS DEVELOPMENT, LLC					
Principal Place of Business 24100 TISEO BLVD., UNIT 4 PORT CHARLOTTE, FL 33980			Mailing Address 24100 TISEO BLVD., UNIT 4 PORT CHARLOTTE, FL 33980		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03222005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent WIDEIKIS, JOHN L ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM ALBERT J TISEO 24100 TISEO BLVD. PORT CHARLOTTE, FL 33980	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM MIKO P GUNDERSON 18501 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Albert J. Tiseo</u> <u>3/22/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

FILED

05 APR -4 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

