

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075374

Entity Name: FLORIDA VILLAS LLC

FILED
Jan 15, 2007
Secretary of State

Current Principal Place of Business:

C/O HILL, BARTH & KING LLC
3777 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

Current Mailing Address:

C/O HILL, BARTH & KING LLC
3777 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

New Principal Place of Business:

C/O HILL, BARTH & KING LLC
3838 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

New Mailing Address:

C/O HILL, BARTH & KING LLC
3838 TAMiami TRAIL NORTH, SUITE 200
NAPLES, FL 34103 US

FEI Number: 20-2320407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, BARTH & KING LLC
3777 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

HILL, BARTH & KING LLC
3838 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 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:

01/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTER, ANDREAS
Address: 3777 TAMiami TRAIL NORTH, SUITE 200
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROICH, CLAUDIA
Address: 3838 TAMiami TRAIL NORTH, SUITE 200
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA BROICH

MGRM

01/15/2007

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