2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000006982

1. Entity Name
VILLA DEL MAR OF VILANO BEACH, LLC

FILED
Jan 24, 2007 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
831 CHICOPIT LANE JACKSONVILLE, FL 32225	831 CHICOPIT LANE JACKSONVILLE, FL 32225

01072007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-2376311
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANT,ABRAHAM,REITER,MCCORMICK & GREENE, P
50 NORTH LAURA STREET
STE 2750
JACKSONVILLE, FL 32202

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MR.
NAME	ALONSO, LEO
STREET ADDRESS	831 CHICOPIT LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	MR.
NAME	TILLER, BRYCE
STREET ADDRESS	917 1ST STREET N #804
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	MR.
NAME	DELACRUZ, RICHARD A
STREET ADDRESS	4070 COASTAL HWY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	MR.
NAME	THOMAS, ROBERT
STREET ADDRESS	4070 COASTAL HWY
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80016-007 50.00

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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: Leon A. Alonso 1/22/07 (904) 994-0857
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #