

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000026343

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** SANTA BARBARA GARDEN VILLAS, LLC

**Current Principal Place of Business:**

1401 PONCE DE LEON BLVD., STE. 401  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1401 PONCE DE LEON BLVD., STE. 401  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 20-2688191

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOCORRO, ALFREDO  
1401 PONCE DE LEON BLVD., STE. 401  
CORAL GABLES, FL 33134 US

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

BUCELO, ARMANDO J JR.  
1401 PONCE DE LEON BLVD., STE. 401  
CORAL GABLES, FL 33134 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: ARMANDO J. BUCELO, JR.

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BUCELO, ARMANDO J JR.  
Address: 3403 NW 82 AVE STE 105  
City-St-Zip: MIAMI, FL 33122

I hereby 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: ARMANDO J. BUCELO, JR.

MGRM

04/18/2012

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