


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000050850

1. Entity Name
VILLAS OF SILVER SPRINGS, LLC



Principal Place of Business 12 SPRING LAKE WAY OCALA, FL 34472	Mailing Address 1200 W 49TH STREET HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2960870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARISTA, EDUARDO R ESQ.
 GABLES INTERNATIONAL PLAZA
 2655 SOUTH LE JEUNE ROAD, 5TH FLOOR
 CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SNYDER, LYNN 12 SPRING LAKE WAY OCALA, FL 34472
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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: *Lynn Snyder* 1/21/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #