


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90092 012 \*\*\*150.00

<b>DOCUMENT # L05000055300</b>	
1. Entity Name <b>VILLAGE AT YBOR CITY, LLC</b>	

Principal Place of Business <b>242 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572</b>	Mailing Address <b>242 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572</b>
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**20004489**



2. Principal Place of Business <b>12638 US Hwy 415</b> Suite, Apt. #, etc.	3. Mailing Address <b>12638 US Hwy 415</b> Suite, Apt. #, etc.
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01272006 Chg-LLC CR2E083 (11/05)

City & State <b>61850NTON FLORIDA</b>	City & State <b>61850NTON FLORIDA</b>
Zip <b>33534</b>	Country

4. FEI Number <b>20-2948861</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent <b>LAMBERT, JASON 242 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572</b>	
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>12638 US Hwy 415</b>	
City <b>61850NTON FL</b>	Zip Code <b>33534</b>

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 <i>Jason Lambert</i> Signature typed or printed name of registered agent and title if applicable.	Manager 1/27/06 (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAMBERT, JASON <del>242 APOLLO BEACH BLVD.</del> <del>APOLLO BEACH, FL 33572</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12638 US Hwy 415 61850NTON FLORIDA 33534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUTCHINSON, ARNOLD <del>242 APOLLO BEACH BLVD.</del> <del>APOLLO BEACH, FL 33572</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12638 US Hwy 415 61850NTON FL 33534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROCCA, JOHN A <del>903 SYMPHONY BEACH LANE</del> <del>APOLLO BEACH, FL 33572</del> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12638 US Hwy 415 61850NTON FL 33534</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *John A. Rocca* *Manager* 1/27/06