


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90007 047 ****50.00

DOCUMENT # L05000055300 1. Entity Name VILLAGE AT YBOR CITY, LLC					
Principal Place of Business 12638 US HWY 415 GIBSONTON, FL 33534			Mailing Address 12638 US HWY 415 GIBSONTON, FL 33534		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 903 SYMPHONY BEACH LANE Suite, Apt. #, etc.			
City & State 		City & State APOLLO BEACH FL		4. FEI Number 20-2948861	
Zip 	Country	Zip 33572	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, JASON 12638 US HWY 415 GIBSONTON, FL 33534				7. Name and Address of New Registered Agent Name JOHN A. ROCCA Street Address (P.O. Box Number is Not Acceptable) 903 SYMPHONY BEACH LANE City APOLLO BEACH FL Zip Code 33572	
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 <u><i>John A. Rocca</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/12/07</u>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAMBERT, JASON 12638 US HWY 415 GIBSONTON, FL 33534	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREIF, NORMAN 16 HARBOR HILL DRIVE LLOYD HARBOR, N.Y. 11743	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUTCHINSON, ARNOLD 12638 US HWY 415 GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROCCA, JOHN A 12638 US HWY 415 GIBSONTON, FL 33534	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROCCA, JOHN A 12638 US HWY 415 GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 903 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUTCHINSON, ARNOLD 12638 US HWY 415 GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 903 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HUTCHINSON, ARNOLD 12638 US HWY 415 GIBSONTON, FL 33534	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR 903 SYMPHONY BEACH LANE APOLLO BEACH, FL 33572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>John A. Rocca</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date <u>1/12/07</u> Daytime Phone # <u>813 451-3406</u>	