2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 14, 2006
Secretary of State

DOCUMENT# L05000070254

Entity Name: FLORIDA VILLAS REALTY, LLC

Current Principal Place of Business:

2809 PLAYING OTTER COURT
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

14900 E. ORANGE LAKE BLVD., SUITE 212
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 81-0676791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'DONNELL, DARREN
2809 PLAYING OTTER COURT
KISSIMMEE, FL 34747 US

Name and Address of New Registered Agent:

O'DONNELL, JOHN D MR
2809 PLAYING OTTER COURT
KISSIMMEE, FL 34747 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: J D O'DONNELL 09/14/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRS ( ) Delete
Name: O'DONNELL, ELETHEA MRS
Address: 2809 PALYING OTTER COURT
City-St-Zip: KISSIMMEE, FL 34747 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRS (X) Change ( ) Addition
Name: O'DONNELL, ELETHEA MRS
Address: 2809 PLAYING OTTER COURT
City-St-Zip: KISSIMMEE, FL 34747 US

Title: MR ( ) Change (X) Addition
Name: O'DONNELL, JOHN D MR
Address: 2809 PLAYING OTTER COURT
City-St-Zip: KISSIMMEE, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: J D ODONNELL MR 09/14/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date