
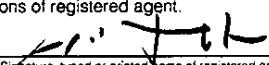
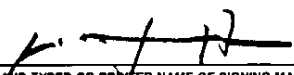


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90036 024 \*\*\*\*50.00

<b>DOCUMENT # L05000076219</b> 1. Entity Name <b>THE VILLAGES OF MELBOURNE BEACH, LLC</b>					
Principal Place of Business <b>3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951</b>			Mailing Address <b>3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951</b>		
2. Principal Place of Business - No P.O. Box # <b>95 Pine Tree Drive</b>		3. Mailing Address <b>P. O. Box 510758</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Indialantic, FL</b>		City & State <b>Melbourne Beach, FL</b>		4. FEI Number <b>20-4725436</b>	
Zip <b>32903</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>32903</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent  <b>TOLLMANN, WILLIAM M 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951</b>	
7. Name and Address of New Registered Agent Name <b>Tollmann, William M</b>		Street Address (P.O. Box Number is Not Acceptable) <b>95 Pine Tree Drive</b>			
City <b>Indialantic</b>		State <b>FL</b>		Zip Code <b>32903</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 				DATE <b>April 17, 2007</b>	
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	MGRM MILLIUS, HIU Y 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Millius, Hiu Y 95 Pine Tree Drive Indialantic, FL 32903
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TOLLMANN, WILLIAM M 3095 HIGHWAY A1A MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tollmann, William M 95 Pine Tree Drive Indialantic, FL 32903
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEALS, ROBERT L 730 E. STRAWBRIDGE AVENUE MELBOURNE, FL 32951	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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		<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		<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:  <b>William M. Tollmann</b> <b>April 17, 2007</b> <b>321-984-7543</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					