

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90036 029 \*\*\*\*50.00

<b>DOCUMENT # L05000077857</b>																							
<b>1. Entity Name</b> VILLAGES OF PASCO COUNTY, LLC																							
<b>Principal Place of Business</b> 5665 SOUTH A1A MELBOURNE BEACH, FL 32951 US			<b>Mailing Address</b> 5665 SOUTH A1A MELBOURNE BEACH, FL 32951 US																				
<b>2. Principal Place of Business - No P.O. Box #</b> 95 Pine Tree Drive		<b>3. Mailing Address</b> P. O. Box 510758																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
<b>City &amp; State</b> Indialantic, FL		<b>City &amp; State</b> Melbourne Beach, FL		<b>4. FEI Number</b> 20-3296076																			
<b>Zip</b> 32903		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b>  TOLLMANN, WILLIAM M 5665 SOUTH A1A MELBOURNE BEACH, FL 32951		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">Tollmann, William M</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">95 Pine Tree Drive</td> </tr> <tr> <td style="padding: 2px;">City</td> <td colspan="3">Indialantic</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code 32903</td> </tr> </table>				Name	Tollmann, William M					Street Address (P.O. Box Number is Not Acceptable)	95 Pine Tree Drive					City	Indialantic			FL	Zip Code 32903
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Street Address (P.O. Box Number is Not Acceptable)	95 Pine Tree Drive																						
City	Indialantic			FL	Zip Code 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.</b>																							
SIGNATURE				DATE <u>April 17, 2007</u>																			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																							
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																				
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	TOLLMANN, WILLIAM M		NAME	Tollmann, William M																			
STREET ADDRESS	5665 SOUTH A1A		STREET ADDRESS	95 Pine Tree Drive																			
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951		CITY - ST - ZIP	Indialantic, FL 32903																			
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	WU, GERI		NAME	Wu, Geri																			
STREET ADDRESS	5665 SOUTH A1A		STREET ADDRESS	95 Pine Tree Drive																			
CITY - ST - ZIP	MELBOURNE BEACH, FL 32951		CITY - ST - ZIP	Indialantic, FL 32903																			
TITLE	MGR <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	MAURO HOLDINGS INC.		NAME																				
STREET ADDRESS	5330 SPRING HILL DRIVE, SUITE C		STREET ADDRESS																				
CITY - ST - ZIP	SPRING HILL, FL 34606		CITY - ST - ZIP																				
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	COMMERCIAL MORTGAGE SOLUTIONS, INC.		NAME																				
STREET ADDRESS	3001 ALOMA AVE, SUITE 101		STREET ADDRESS																				
CITY - ST - ZIP	WINTER PARK, FL 32792		CITY - ST - ZIP																				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME			NAME																				
STREET ADDRESS			STREET ADDRESS																				
CITY - ST - ZIP			CITY - ST - ZIP																				
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME			NAME																				
STREET ADDRESS			STREET ADDRESS																				
CITY - ST - ZIP			CITY - ST - ZIP																				
<b>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.</b>																							
<b>SIGNATURE:</b>			William M. Tollmann April 17, 2007 321-984-7543																				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #																				