

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90208 001 \*\*\*100.00

**30008750**



<b>DOCUMENT # L05000080639</b> 1. Entity Name <b>C203-N-VILLA AT REUNION SQUARE LLC</b>					
Principal Place of Business <b>4320 CALM TERRACE PENSACOLA, FL 32503</b>			Mailing Address <b>P.O. BOX 1550 PENSACOLA, FL 32591-1550</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>01102006</b> Chg-LLC    CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SANCHEZ, JAN E 4320 CALM TERRACE PENSACOLA, FL 32503</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SANCHEZ, JAN E 4320 CALM TERRACE PENSACOLA, FL 32503</b> <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	<b>MGRM SANCHEZ, BRENDA J 4320 CALM TERRACE PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Jan E. Sanchez</i>			<b>5-16-2006 850-434-2207</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		