


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

04-28-2006 90123 001 ***550.00

DOCUMENT # L05000084349	
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1. Entity Name
VILLAS OF TOWN & COUNTRY, LLC

Principal Place of Business 7270 NW 12TH STREET 100 MIAMI, FL 33126 US	Mailing Address 7270 NW 12TH STREET 100 MIAMI, FL 33126 US
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30011250



2. Principal Place of Business 13794 N.W. 4 St. Suite, Apt. #, etc. Suite 200 City & State Sunrise, FL Zip 33325 Country USA	3. Mailing Address 13794 N.W. 4 St. Suite, Apt. #, etc. Suite 200 City & State Sunrise, FL Zip 33325 Country USA
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06192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3474232	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHANERMAN, RICHARD L
ONE SE THIRD AVENUE
28TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Michael T. Montero
Street Address (P.O. Box Number is Not Acceptable) 13794 N.W. 4 St. Suite 200
City Sunrise FL Zip Code 33325

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 
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/2/06
DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/2/06 954-837-0456
Date Daytime Phone #

ATTACHMENT

MICHAEL T. MONTERO
Attorney at Law

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13794 NW 4th Street, Suite 200
Sunrise, Florida 33325
Telephone: 954.858.1944
Facsimile: 954.837.0457

June 23, 2006

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Villas of Town & Country, LLC – Annual Report

Dear Sir/Madam:

Per your letter of May 8th, 2006, enclosed herewith please find the revised 2006 Limited Liability Company Annual Report for Villas of Town & Country, LLC.

Thank you for your cooperation in this matter. Should you have any questions, please do not hesitate to contact our office.

Sincerely,

MICHAEL T. MONTERO, P.A.

Tania G. Benitez
Paralegal

/st
Encls.