

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 16 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000094253

1. Entity Name
VILLAGES OF MANASOTA BEACH, L.L.C.



Principal Place of Business

779 COMMERCE DR
STE 14
VENICE, FL 34292

Mailing Address

779 COMMERCE DR
STE 14
VENICE, FL 34292



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3768571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRAKE, J. KEVIN
1432 FIRST STREET
DOOLEY & DRAKE, P.A.
SARASOTA, FL 34236

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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)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000124312010
04/18/08--01008--031 **288.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FEE, DONALD C JR
2212 - 6TH ST
SARASOTA, FL 34237

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GATES, JEFFREY
779 COMMERCE DR - # 14
VENICE, FL 34292

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MACPHAIL, PAUL W
1451 GLOBAL CT
SARASOTA, FL 34240

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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, OR AUTHORIZED REPRESENTATIVE

J. Kevin Drake

3/25/08

Date

941-954-7750

Daytime Phone #