

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90032 016 \*\*\*\*50.00

30009713



<b>DOCUMENT # L05000097149</b> 1. Entity Name <b>VILLA CITY PLAZA, L.L.C.</b>					
Principal Place of Business <b>1635 E. HIGHWAY 50, SUITE 100 CLERMONT, FL 34711</b>			Mailing Address <b>1635 E. HIGHWAY 50, SUITE 100 CLERMONT, FL 34711</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>20-3584334</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BOYETTE, WADE 1635 E. HIGHWAY 50, SUITE 100 CLERMONT, FL 34711</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2008</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 BOYETTE, WADE 1635 E. HIGHWAY 50, SUITE 100 CLERMONT, FL 34711</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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> <u><i>W Boyette</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>6/2/06</u> <u>352-394-2103</u> <small>Date Daytime Phone</small>		

GRAY | ROBINSON  
ATTORNEYS AT LAW

ATTACHMENT

30009713  
LOS 600097149

SUITE 300  
1635 EAST HIGHWAY 50 (34711)  
POST OFFICE BOX 120848  
CLERMONT, FL 34712-0848  
TEL 352-394-2103  
FAX 352 394-2105  
gray-robinson.com

CLERMONT  
FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKE LAND  
MELBOURNE  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

April 28, 2006

Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32301

RE: VILLA CITY PLAZA, L.L.C.

Gentlemen:

Enclosed please find the 2006 For Profit Corporation Annual Report form, copy of the report and check #: 1007, in the amount of \$50.00 representing the annual fee. Once this request has been filed, please stamp the copy and forward it back to my office in the self-addressed, stamped envelope I have provided for your convenience.

Should you have any questions regarding this or any other matter, please contact our office.

Very truly yours,

GRAYROBINSON, P.A.

Jaime L. Mahon  
Assistant to Wade Boyette, Esquire

-KWB/jlm  
enclosures