

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


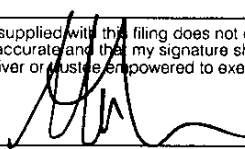
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Secretary of State

04-05-2006 90023 035 ****50.00

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01182006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000107118			
1. Entity Name VILLA SAN CARLO MANAGER, LLC		Principal Place of Business 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JONES, JOSEPH P 215 S MONROE STREET SUITE 400 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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		DATE	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEONI, STEVEN M 2020 WEST PENSACOLA STREET, #27 TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Leoni, Steven M PO Box 2535 Tallahassee, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUDNICK, JAMES M 2020 WEST PENSACOLA STREET, #27 TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rudnick, James M PO Box 2535 Tallahassee, FL 32316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, PETER S 2020 WEST PENSACOLA STREET, #27 TALLAHASSEE, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rosen, Peter S PO Box 2535 Tallahassee, FL 32316
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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.			
SIGNATURE: 		3/24/06 856-580-3131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	