
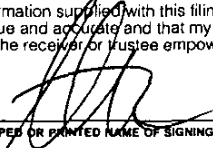


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED

07 APR 27 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000107118</b> 1. Entity Name VILLA SAN CARLO MANAGER, LLC			
Principal Place of Business 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304		Mailing Address 2020 WEST PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address P.O. Box 2535  Suite, Apt. #, etc.  City & State Tallahassee FL  Zip                      Country 32316	
		01252007    Chg-LLC    CR2E083 (12/06)	
		4. FEI Number NOT APPLICABLE	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	TITLE	
NAME	LEONI, STEVEN M <input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P O BOX 2535	STREET ADDRESS	700101632137
CITY-ST-ZIP	TALLAHASSEE, FL 32316	CITY-ST-ZIP	05/07/07--01006--007    **50.00
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDNICK, JAMES M	NAME	
STREET ADDRESS	P O BOX 2535	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, PETER S	NAME	
STREET ADDRESS	P O BOX 2535	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32316	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 4/14/07    Daytime Phone #: 850-580-3131	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			