2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE:

Marc A.

Bresee

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

FILED DOCUMENT # L06000061152 1. Entity Name 07 OCT -5 AH 10: 34 VILLA LAGO INVESTMENTS, LLC SECRETA STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 628 CRANADA AVENUE 2618 51st Stre628 GRANADA AVENUE 2618 51st Street VENICE, EL 34285 US VENICE, FL 34285 Sarasota, FL 34234 Sarasota, FL 34234 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2618 51st Street 2618 51st Street Suite, Apt. #, etc. Suite, Apt. #. etc. 08132007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5251312 Not Applicable Sarasota, FI Sarasota, Zip 34234 Country Country \$5.00 Additional 5. Certificate of Status Desired USA 34234 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEKEON THOMAS C <u>Marc A. Bresee</u> 628-GRAHADA-AVENUE Street Address (P.O. Box Number is Not Acceptable) <u>2618 51st Street</u> VENICE, FL -34285 -City Zip Code Sarasota 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 Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition MCKEON, THOMAS C NAME NAME 300110519083 18/09/07--01018--004 **50 628 GRANADA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34285 CITY-ST-ZIP MGRM TITLE ☐ Delete ☐ Change ☐ Addition BRESEE, MARC A NAME NAME STREET ADDRESS 2618 51ST STREET STREET ADDRESS. CITY-ST-ZIP SARASOTA, FL 34234 CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME 🤄 NAME STREET ADDRESS STREET ADDRESS CITY-S%-7IP CITY-ST-ZIP 11. Thereby 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. limited liability company or the rece