


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90016 026 ***138.75

DOCUMENT # L06000121409
 1. Entity Name
 VILLA SAN CARLO II, LLC



Principal Place of Business
 205 WHITE DRIVE
 TALLAHASSEE, FL 32304

Mailing Address
 P.O. BOX 2535
 TALLAHASSEE, FL 32316



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 20-8110688

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME LEONI, STEVEN
 STREET ADDRESS PO BOX 2535
 CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME ROSEN, PETER S
 STREET ADDRESS PO BOX 2535
 CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME RUDNICK, JAMES
 STREET ADDRESS PO BOX 2535
 CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP


TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: 4/18/08 850-580-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #