

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039503

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** SANTA BARBARA TOWN CENTER, LLC

**Current Principal Place of Business:**

1420 SE 4TH ST  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1420 SE 4TH ST  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 27-0610490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRIOLLO, MANUEL J  
1420 SE 4TH ST  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: D  
Name: CRIOLLO, MANUEL N  
Address: 137 SE 12TH PL  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: CRIOLLO, MANUEL J  
Address: 1420 SE 4TH ST  
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MANUEL J CRIOLLO

D

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date