

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088228

FILED
Apr 20, 2009
Secretary of State

Entity Name: EXQUISITE VILLA PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

4070 BEACON RIDGE WAY
CLERMONT, FL 34711

New Principal Place of Business:

3946 DERBY GLEN DRIVE
CLERMONT, FL 34711

Current Mailing Address:

4070 BEACON RIDGE WAY
CLERMONT, FL 34711

New Mailing Address:

3946 DERBY GLEN DRIVE
CLERMONT, FL 34711

FEI Number: 65-1317130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLER, LYNN
4070 BEACON RIDGE WAY
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

MULLER, LYNN
3946 DERBY GLEN DRIVE
CLERMONT, FL 34711 US

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:

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MULLER, LYNN
Address: 4070 BEACON RIDGE WAY
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: JEMMETT, RICHARD
Address: 11708 LAKE CLAIR CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: JEMMETT, COLLEEN A
Address: 11708 LAKE CLAIR CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: GLYNN, ERIN E
Address: 4312 FAWN MEADOW CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: GLYNN, CHRISTOPHER A
Address: 1055 GLENRAVEN LANE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: GLYNN, SHERRI ANN
Address: 1055 GLENRAVEN LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MULLER, LYNN
Address: 3946 DERBY GLEN DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LYNN MULLER

MGRM

04/20/2009

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