

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107069

Entity Name: VILLA LUCIA, LLC

FILED
Mar 26, 2009
Secretary of State

Current Principal Place of Business:

1845 BELLEVUE WAY
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

PO BOX 2535
TALLAHASSEE, FL 32316

New Mailing Address:

PO BOX 20222
TALLAHASSEE, FL 32316

FEI Number: 26-1360999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONI, STEVEN M
416 NORTH ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEONI, STEVEN M
2020 WEST PENSOLA STREET
SUITE 27
TALLAHASSEE, FL 32304 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: STEVEN M. LEONI

03/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONI, STEVEN M
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

Title: MGR (X) Delete
Name: SAULS, JAMES
Address: PO BOX 2535
City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEONI, STEVEN M
Address: PO BOX 20222
City-St-Zip: TALLAHASSEE, FL 32316

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: STEVEN M. LEONI

MGRM

03/26/2009

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