

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117127

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** VILLA REVA TIMBERLINE, LLC

**Current Principal Place of Business:**

2970 ST. JOHNS AVENUE  
SUITE 9E  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

2970 ST. JOHNS AVENUE  
SUITE 9E  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

MONTGOMERY, CYNTHIA M  
50 NORTH LAURA STREET  
SUITE 1100  
JACKSONVILLE, FL 32202 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: MGR  
Name: VILLA REVA MANAGEMENT, LLC  
Address: 2970 ST. JOHNS AVENUE, SUITE 9E  
City-St-Zip: JACKSONVILLE, FL 32205 US

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: VILLA REVA MANAGEMENT, LLC

MGR

04/13/2011

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