

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L97000000116

1. Entity Name
ST. MARKS VILLAGES, L.C.



Principal Place of Business
**3408 TREATY OAK TRAIL
TALLAHASSEE, FL 32312**

Mailing Address
**3408 TREATY OAK TRAIL
TALLAHASSEE, FL 32312**



07052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3425749

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARRETT, DAVID A
111 SOUTH MONROE STREET
SUITE 3000
TALLAHASSEE, FL 32302**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NOBLIN, MILLARD J
3408 TREATY OAK TRAIL
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BARRETT, DAVID A. TTERA CONSULTING
1020 LAFAYETTE ST SUITE 110
TALLAHASSEE, FL 323014546**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HARBIN, CASSANDRA G
3408 TREATY OAK TRAIL
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000767330
07/06/07-80010-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: **7/5/07**

Daytime Phone # **850-877-5841**