


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90070 012 ****55.00

DOCUMENT # L98000000231 1. Entity Name VILLA SAN SOUCI, L.C.			
Principal Place of Business 3591 FOWLER STREET FT. MYERS, FL 33901		Mailing Address 3591 FOWLER STREET FT. MYERS, FL 33901	
2. Principal Place of Business 8359 BEACON BLVD		3. Mailing Address P.O. BOX 696 L	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. 	
City & State FT MYERS, FL		City & State FT MYERS, FL	
Zip 33907		Zip 33911	
Country USA		Country USA	
4. FEI Number 65-1323296		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FOX, ALLAN E C/O INVESTORS TRUST, INC. 3591 FOWLER STREET FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD City FT MYERS FL Zip Code 33907	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR FOX, ALLAN E 3591 FOWLER STREET FT. MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 8359 BEACON BLVD FT MYER, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Allen E. Fox</i>		Date 4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			