


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L98000000231  
 1. Entity Name  
 VILLA SAN SOUCI, L.C.



Principal Place of Business      Mailing Address  
 8359 BEACON BLVD                      P.O. BOX 6966  
 SUITE 201                                  FORT MYERS, FL 33911    US  
 FORT MYERS, FL 33907    US

**DO NOT WRITE IN THIS SPACE**



04052005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 65-0814236	Applied For 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  
 8359 BEACON BLVD  
 FORT MYERS, FL 33907

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOX, ALLAN E 8359 BEACON BLVD FORT MYERS, FL 33907
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 04/22/05-80031-003 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: ALLAN E. FOX      4/15/05      239-936-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #