


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90013 027 ****55.00

DOCUMENT # L98000000231

1. Entity Name
VILLA SAN SOUCI, L.C.



Principal Place of Business
**8359 BEACON BLVD
 SUITE 201
 FORT MYERS, FL 33907 US**

Mailing Address
**P.O. BOX 6966
 FORT MYERS, FL 33911 US**

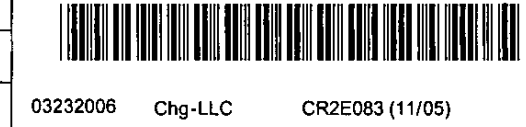
2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
8359 BEACON BLVD
 Suite, Apt. #, etc.

City & State
FT. MYERS, FL

Zip
33907

Country
LEE



4. FEI Number
65-0814236

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**FOX, ALLAN E
 8359 BEACON BLVD
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$50.00 Due by May 1, 2006

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 8359 BEACON BLVD FORT MYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *ALLAN E FOX* **ALLAN E. FOX, MGR**, 4/25/06 239-425-2654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #