

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90595 019 ****50.00

DOCUMENT # L99000004818

1. Entity Name

VILLAS OF ST. JOHNS L.L.C.

Principal Place of Business

**ONE TAMPA CITY CENTER, SUITE 2865
 ATTN: DAVID A. ROBY
 TAMPA FL 33602**

Mailing Address

**ONE TAMPA CITY CENTER, SUITE 2865
 ATTN: DAVID A. ROBY
 TAMPA FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2192730

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE NORTHWESTERN MUTUAL LIFE INSURANCE COM
 ONE TAMPA CITY CENTER, SUITE 2865
 ATTN: DAVID A. ROBY
 TAMPA FL 33602**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
 NAME: **THE NORTHWESTERN MUTUAL LIFE INSURANCE CO**
 STREET ADDRESS: **720 EAST WISCONSIN AVE.**
 CITY-ST-ZIP: **MILWAUKEE WI 53202**
sp?

TITLE: **MGRM** Change Addition
 NAME: **The Northwestern Mutual Life Insurance Co**
 STREET ADDRESS: **720 East Wisconsin Ave.**
 CITY-ST-ZIP: **Milwaukee WI 53202**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
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TITLE: Change Addition
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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)(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: *David A. Roby* **David A. Roby** *1/7/02* **813-229-0135**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)