


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004818

1. Entity Name
VILLAS OF ST. JOHNS L.L.C.



Principal Place of Business Mailing Address

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



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

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

4. FEI Number **52-2192730** Applied For Not Applicable

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

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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	THE NORTHWESTERN MUTUAL LIFE INS. CO.	
STREET ADDRESS	720 EAST WISCONSIN AVE.	
CITY - ST - ZIP	MILWAUKEE WI 53202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000000224438	
STREET ADDRESS	02/10/05-80088-001 50.00	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 Maddux* *2-8-05* *813-265-8844*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #