

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004818

FILED
Jan 31, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

5 CONCOURSE PARKWAY, SUITE 2410
ATTN: GREG WALZ
ATLANTA, GA 30328

Current Mailing Address:

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

New Mailing Address:

5 CONCOURSE PARKWAY, SUITE 2410
ATTN: GREG WALZ
ATLANTA, GA 30328

FEI Number: 52-2192730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

THE NORTHWESTERN MUTUAL LIFE INSURANCE COM
5 CONCOURSE PARKWAY, SUITE 2410
ATTN: GREG WALZ
ATLANTA, FL 30328 US

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: GREG WALZ

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THE NORTHWESTERN MUT, UAL LIFE INS. C O.
Address: 720 EAST WISCONSIN AVE.
City-St-Zip: MILWAUKEE, WI 53202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANK BELL

FAM

01/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date