


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90027 034 \*\*\*\*50.00

<b>DOCUMENT # L99000004818</b> 1. Entity Name <b>VILLAS OF ST. JOHNS L.L.C.</b>					
Principal Place of Business <b>5 CONCOURSE PARKWAY, SUITE 2410</b> <b>ATTN: GREG WALZ</b> <b>ATLANTA, GA 30328</b>			Mailing Address <b>5 CONCOURSE PARKWAY, SUITE 2410</b> <b>ATTN: GREG WALZ</b> <b>ATLANTA, GA 30328</b>		
2. Principal Place of Business - No P.O. Box # <b>720 East Wisconsin Avenue</b>		3. Mailing Address <b>P.O. Box 3170</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Milwaukee, WI</b>		City & State <b>Milwaukee, WI</b>		4. FEI Number <b>52-2192730</b>	
Zip <b>53202</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>53201-3170</b>		Country <b>USA</b>		04172007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE NORTHWESTERN MUTUAL LIFE INS. CO. 720 EAST WISCONSIN AVE. MILWAUKEE, WI 53202 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NM Imperial, LLC 720 East Wisconsin Avenue Milwaukee, WI 53202 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div> <b>David P. Willert, Authorized Representative</b>  <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <b>4/18/2007</b>  <small>Date</small> </div> <div> <b>(414) 665-2260</b>  <small>Daytime Phone #</small> </div> </div>					



# NM Law Department

## NM Subsidiaries

60042031

# L99000004818

### Subsidiary Information

**Name of Corporation:** Villas of St. Johns L.L.C.

**State of Incorporation:** Florida (FL)

**State ID No.:** L99000004818

**State Tax ID No.:**

**Date of Original Incorporation:** 08/02/1999

**Date of Subsequent Incorporation, if applicable:**

**Registered Agent for Florida (FL) (optional):** CT Corporation System

**Legal Entity Type:** Limited Liability Company

**Managed By (LLCs only):** Member-managed

**Purpose:**

**Federal EIN:** 52-2192730

**Annual Meeting Date Per Bylaws:**

**Actual Annual Meeting Held:**

**Members/Partners/Shareholders:** NM Imperial LLC 100%

**Directors:**

**Officers and Titles (Addresses and Phone Numbers if Applicable):**

**Other States Authorized to do Business In:**

State	State ID No.	State Tax ID	Date of Authorization	Assumed Name (s) (d/b/a), if applicable	Registered Agent for Other Authorized States (optional)

**Related Investments (Current):** 335135, Villas of St. Johns

**Related Investments (Historical):**

**Internal Classification:** Investment Company

**Non-NM Third Party Name/Address:**

**Implementing Member:** Northwestern Mutual

**Tax Matters Member:** Northwestern Mutual

**Last Revised Date:** 03/06/2007

**Date of Last Certificate of Good Standing:**