

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90066 029 ****50.00

0005503

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	52-2192730	Applied For	
		Not Applicable	

5. Certificate of Status Desired	<input type="checkbox"/>	\$5.00 Additional Fee Required
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CHECK HERE IF MAKING CHANGES

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. 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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		

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 A. Roby **SIGNATURE REQUIRED**
 AUTHORIZED REPRESENTATIVE 7/10/03 813-229-0135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (4/03)