

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004818

1. Entity Name

VILLAS OF ST. JOHNS L.L.C.



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

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

0005503

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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



☐ CHECK HERE IF MAKING CHANGES

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

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 September 24, 2003**

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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 7/10/03 Daytime Phone # 813-229-0135

CP2E083 (4/03)