

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90077 005 \*\*\*\*50.00

**DOCUMENT # M00000002245**

1. Entity Name

**THE VILLAS AT VENICE, LLC** ✓

Principal Place of Business

137 S. PEBBLE BEACH BLVD., STE. 201  
 SUN CITY CENTER FL 33573

Mailing Address

137 S. PEBBLE BEACH BLVD., STE. 201  
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3696528**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

956597



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HUTCHINSON, RICHARD**  
**137 S. PEBBLE BEACH BLVD., STE. 201**  
**SUN CITY CENTER FL 33573**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ASTOR INVESTORS LLC</b> <b>137 S. PEBBLE BEACH BLVD.</b> <b>SUN CITY CENTER FL 33573</b>	<input type="checkbox"/> Delete
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CR2E083 (9/01)

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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #