

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 JUL -6 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000000742

1. Entity Name
VILLAS AT LAKEVIEW LLC



Principal Place of Business
**5510 MOREHOUSE DRIVE, SUITE 200
SAN DIEGO, CA 92121**

Mailing Address
**5510 MOREHOUSE DRIVE, SUITE 200
SAN DIEGO, CA 92121**

300105642083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
05-0556057

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEXISNEXIS DOCUMENT SOLUTIONS INC
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name **CSC - Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee**

FL

Zip Code **32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

BK

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **FF VILLAS AT LAKEVIEW LLC**
STREET ADDRESS **5510 MOREHOUSE DRIVE, SUITE 200**
CITY-ST-ZIP **SAN DIEGO, CA 92121**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

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

7/2/07

Date

Daytime Phone #

858-812-6711



CORPORATION SERVICE COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 984723 7289217

AUTHORIZATION :

Signature

COST LIMIT : \$ 50.00

ORDER DATE : July 6, 2007

ORDER TIME : 10:50 AM

BK

ORDER NO. : 984723-010

CUSTOMER NO: 7289217

ANNUAL REPORT FILING

BK

NAME: VILLAS AT LAKEVIEW LLC

RECEIVED
07 JUL -6 PM 12:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext. 2959

EXAMINER'S INITIALS: _____