

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003437

**FILED**  
**Jun 23, 2004**  
**Secretary of State**

**Entity Name:** VILLA DE SANTA MONIKA, LLC

**Current Principal Place of Business:**

1525 FOURTH ST., STE. B  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1525 FOURTH ST., STE. B  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRAN-TOMLINSON, MONIKA  
1525 FOURTH ST., STE. B  
SARASOTA, FL 34236

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TRAN-TOMLINSON, MONIKA  
Address: 1525 FOURTH ST., STE. B  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRAN-TOMLINSON, MONIKA  
Address: 1525 FOURTH ST., STE. B  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: E.S. DAVIL AS ATTORNEY IN FACT

MGRM

06/23/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date