2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000000456

1. Entity Name

VILLAS OF FLORIDA, LLC



FILED Apr 22, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

6670 SIMS

STERLING HEIGHTS, MI 48313

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STERLING HEIGHTS, MI 48313



04182008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		Applied For
	37-1482461		Not Applicat
5	Cartificate of Status Desired	\$5.00) Additional

Fee Required

6. Name and Address of Current Registered Agent

POTTS, GERALD C/O CHOICE PROPERTY MANAGEMENT 645 S. BEACH STREET DAYTONA BEACH, FL 32114

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	e named entity submits this statement for the purpose of che tions of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.			DATE
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	— <u>U000009142ÎŜ</u>
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		05/08/08-80047-021 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	VANI, ANTHONY		
STREET ADDRESS	6670 SIMS		

STERLING HEIGHTS, MI 48313 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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, OR AUTHORIZED REPRESENTATIVE