

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000014279



1. Entity Name
 8650 VILLA LA JOLLA, INC.

Principal Place of Business: 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308
 Mailing Address: 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE, FL 32308



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country
 4. FEI Number: 59-3438091 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

03072006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION, FL 33324
 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 \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BENNETT, DOUGLAS W STREET ADDRESS: 1801 HERMITAGE BLVD., #600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100000476057 04/05/06-80042-001 150.00
TITLE: DVAS NAME: SMITH, JEFFREY L STREET ADDRESS: 1801 HERMITAGE BLVD., #600 CITY-ST-ZIP: TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: WARRIOR, DEXTER B STREET ADDRESS: 3424 PEACHTREE RD., NE, STE. 800 CITY-ST-ZIP: ATLANTA, GA 30326	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: NEWMARK, DEBBIE J STREET ADDRESS: 3424 PEACHTREE ROAD, N.E. SUITE 800 CITY-ST-ZIP: ATLANTA, GA 30328	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VT NAME: LATHAM, LORI Q STREET ADDRESS: 3424 PEACHTREE ROAD, N.E. SUITE 800 CITY-ST-ZIP: ATLANTA, GA 30326	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVAT NAME: GRAY, LYNNE M STREET ADDRESS: 3424 PEACHTREE ROAD, N.E. SUITE 800 CITY-ST-ZIP: ATLANTA, GA 30326	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie J. Newmark 3/7/06 404-846-1300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #