

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052498

FILED
Jan 11, 2006
Secretary of State

Entity Name: VILLA PUESTA DEL SOL, LLC

Current Principal Place of Business:

457 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

457 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 34-2048642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMORE, DAVID
457 S. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114 US

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/MANAGERS:

Title: MGRM () Delete
Name: DAMORE, DAVID
Address: 457 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: PARR, GREG
Address: 457 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: DUNN, BILL
Address: 457 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAMORE, DAVID R
Address: 457 S. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID R DAMORE

MGRM

01/11/2006

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