


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90384 038 ****55.00

DOCUMENT # L03000031091

1. Entity Name
 THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC



Principal Place of Business
 209 TOWN CENTER BOULEVARD
 DAVENPORT, FL 33896

Mailing Address
 209 TOWN CENTER BOULEVARD
 DAVENPORT, FL 33896

DO NOT WRITE IN THIS SPACE

20044000



03012005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0034724	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARLING, HEIDI J
 209 TOWN CENTER BOULEVARD
 DAVENPORT, FL 33896

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VILLAGE PARTNERS, G.P 209 TOWN CENTER BLVD. DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOUTHERN OAKS, LLC 6866 CEDAR LAKE DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **3/1/05** **863-424-5536**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

HEIDI J. MARLING