

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031091

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC

**Current Principal Place of Business:**

209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896

**New Mailing Address:**

FEI Number: 20-0034724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARLING, HEIDI J  
209 TOWN CENTER BOULEVARD  
DAVENPORT, FL 33896 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: MGR ( ) Delete  
Name: VILLAGE PARTNERS, G., P  
Address: 209 TOWN CENTER BLVD.  
City-St-Zip: DAVENPORT, FL 33896

Title: MGR ( ) Delete  
Name: SOUTHERN OAKS, LLC,  
Address: 6866 CEDAR LAKE DRIVE  
City-St-Zip: PENSACOLA, FL 32526

**ADDITIONS/CHANGES:**

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: HEIDI MARLING

M

04/10/2007

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