


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



04092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0034724	Applied For Not Applicable
5. Certificate of Status Desired <input 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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05/13/08-80025-010 138.75

**DO NOT WRITE
IN THIS SPACE**

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:  4-21-08 863-484-5536

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