2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# L04000016156

Entity Name: VILLAGES/ACORN COMMERCIAL PARTNERS, LLC

Current Principal Place of Business:

303 E. PAR STREET
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 20-0944043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NISBETT, JOSEPH W
303 E. PAR STREET
ORLANDO, FL 32804 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: MBR ( ) Delete
Name: THE VILLAGES OF LAKE, -SUMTER, INC.
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: MBR ( ) Delete
Name: ACORN INVESTMENTS, L, LC
Address: 303 E. PAR STREET
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE VILLAGES OPERATI, NG COMPANY
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM (X) Change ( ) Addition
Name: ACORN INVESTMENTS, L, LC
Address: 303 E. PAR STREET
City-St-Zip: ORLANDO, FL 32804

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: H. GARY MORSE P 04/19/2007

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