

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000108684

FILED
Apr 10, 2012
Secretary of State

Entity Name: HEALTH VILLAGE APARTMENTS I, LLC

Current Principal Place of Business:

801 NORTH ORANGE AVENUE
SUITE 530
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

801 NORTH ORANGE AVENUE
SUITE 530
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 45-3357231 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MYERS, BROOKE A
801 NORTH ORANGE AVENUE
SUITE 530
ORLANDO, FL 32801 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
Name: USTLER, CRAIG T
Address: 801 N ORANGE AVE, SUITE 530
City-St-Zip: ORLANDO, FL 32801

I hereby 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: BROOKE A. MYERS RA 04/10/2012

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