| I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and |
| that my name appears above, or on an attachment with all other like empowered. |

SIGNATURE: HEIDI J. MARLING

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail :

| Title | MGR | Title | MGR |
|-----------------|-----------------------|-----------------|-----------------------|
| Name | VILLAGE PARTNERS, G.P | Name | SOUTHERN OAKS, LLC |
| Address | 209 TOWN CENTER BLVD. | Address | 6866 CEDAR LAKE DRIVE |
| City-State-Zip: | DAVENPORT FL 33896 | City-State-Zip: | PENSACOLA FL 32526 |

SIGNATURE: Electronic Signature of 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.

209 TOWN CENTER BOULEVARD

DAVENPORT, FL 33896

Current Mailing Address:

209 TOWN CENTER BOULEVARD DAVENPORT. FL 33896

Current Principal Place of Business:

FEI Number: 20-0034724

Name and Address of Current Registered Agent:

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

| 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT | |
|--|--|
| DOCUMENT# L03000031091 | |

Entity Name: THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC

Certificate of Status Desired: No

PARTNER

03/19/2014

Date

FILED Mar 19, 2014 Secretary of State CC6429603739

Date