


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000000219 1. Entity Name VILLAGE CENTRE APARTMENTS, LTD.	
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Principal Place of Business 300 NW 12 AVENUE MIAMI, FL 33128	Mailing Address 300 NW 12 AVENUE MIAMI, FL 33128
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
 07 JUN -1 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



05012007 Chg-LP CR2E003 (12/06)

4. FEI Number 57-1149771	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130
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7. Name and Address of New Registered Agent Name <u>Agustin Dominguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>300 NW 12 Ave</u> City <u>MIAMI</u> FL <u>33128</u>

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 <u>A. Dominguez</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>05/01/2007</u>

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	VILLAGE CENTRE GP, LLC
STREET ADDRESS	300 NW 12 AVENUE
CITY - ST - ZIP	MIAMI, FL 33128
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
700104219677 06/11/07-01035-011 ***500.00	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.	
SIGNATURE: <u>Ron Revalos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date <u>05/01/2007</u> (305) 324-5505 <small>Daytime Phone #</small>

STAPLE CHECK HERE