

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:28

DOCUMENT #A03000000219

1. Entity Name
 VILLAGE CENTRE APARTMENTS, LTD.



Principal Place of Business Mailing Address
~~300 NW 12 AVENUE~~ 510 24th St. 300 NW 12 AVENUE - same
 MIAMI, FL 33128 Suite A MIAMI, FL 33128
 West Palm Beach, FL. 33407



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 510 24th Street 510 24th St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite A Suite A
 City & State City & State
 West Palm Beach, FL West Palm Beach, FL
 Zip Country Zip Country
 33407 USA 33407 U.S.A.

04222008 Chg-LP CR2E003 (12/06)

4. FEI Number 57-1149771 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMINQUEZ, AGUSTIN J
 300 NW 12 AVENUE
 MIAMI, FL 33128

Terri Murray,

Name Neighborhood Renaissance, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 510 24th Street
 Suite A
 City West Palm Beach FL Zip Code 33407

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 Terri 2. Murray
 Signature, typed or printed name of registered agent and title if applicable.

4/28/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

000128285540
 05/02/08--01003--011 **\$500.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 510 24th St. Suite A
 CITY-ST-ZIP West Palm Beach, FL

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS 33407
 CITY-ST-ZIP

DOCUMENT #
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 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:

Terri 2. Murray

4/28/08

(561) 832-6776
 x102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE