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. Suite A ~~MIAMI, FL~~ 33128 West Palm Beach, FL. 33407	300 ~~NW 12 AVENUE~~ — Same ~~MIAMI, FL~~ 33128

04222008 Chg-LP CR2E003 (12/06)

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

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

~~DOMINGUEZ~~, AGUSTIN J Terri Murray,
300 ~~NW 12~~ AVENUE
~~MIAMI~~, FL 33128

7. Name and Address of New Registered Agent

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: Teri L. Murray 4/28/08
Signature, typed or printed name of registered agent and title if applicable. 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 #		STREET ADDRESS	510 24th St. Suite A
NAME	VILLAGE CENTRE GP, LLC	CITY-ST-ZIP	West Palm Beach, FL
STREET ADDRESS	~~300 NW 12 AVENUE~~		33407
CITY-ST-ZIP	~~MIAMI, FL~~ 33128		
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STAPLE CHECK HERE

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: Teri L. Murray 4/28/08 (561) 832-6776 x102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #