



FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A06000001536</b>						<b>2007 APR 25 AM 10:18</b>	
1. Entity Name <b>VILLAGE SOUTH ACQUISITION, LTD.</b>				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business <b>200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131</b>			Mailing Address <b>200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131</b>				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address			03282007 Chg-LP CR2E003 (12/06)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
City & State			City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country	Zip		Country		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
<b>LEVENSON, FREDERIC L 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131</b>					Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	<b>CVW, LLC 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131</b>			STREET ADDRESS	<b>200101284077</b> <b>05/02/07--01048--025 **500.00</b>		
NAME							
STREET ADDRESS							
CITY-ST-ZIP				CITY-ST-ZIP			
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CITY-ST-ZIP				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: _____ DATE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>							