2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

DOCUMENT # A08690

VILLAGE SHOPPES ASSOCIATES, LTD.



FILED Jun 28, 2007 08:00 Al Secretary of State

Principal Place of Business

703 WATERFORD WAY

STE 800 MIAMI, FL 33126 Mailing Address

703 WATERFORD WAY

STE 800

MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

06202007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1984212

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS 703 WATERFORD WAY STE. 800

MIAMI, FL 33126

DO NOT WRITE INITHIS SPACE

8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.

FILE NOW!!! FEE IS \$500.00

registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Due by September 14, 2007 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 STREET ADDRESS CITY-ST-ZIP | 249850 COURTELIS COMPANY 703 WATERFORD WAY, STE. 800 MIAMI, FL 33126 |
| DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP | |
| DOCUMENT / NAME | |

U00000788783 06/28/07-90002-017 500.00

* DO NOT WRITE IN THIS SPACE

DOCUMENT (NAME STREET ADDRESS STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

upplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information curage 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 to execute this report as required by Chapter 620, Florida Statutes I hereby certify that the information indicated on this report is true and a or the receiver or trustee em

SIGNATURE:

RINTED NAME OF SIGNING GENERAL PARTNER