

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A97000002282	
1. Entity Name VILLAGE GREEN PARK, LTD.	
Principal Place of Business 10100 SANTA MONICA BLVD., SUITE 2400 LOS ANGELES, CA 90067	Mailing Address 10100 SANTA MONICA BLVD., SUITE 2400 LOS ANGELES, CA 90067



**DO NOT WRITE IN THIS SPACE**

04092007 No Chg-LP CR2E003 (12/06)

4. FEI Number 95-3729724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, SCOTT J  
 HOLLAND & KNIGHT, LLP  
 200 SOUTH ORANGE AVENUE, SUITE 2600  
 ORLANDO, FL 32901

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 STREET ADDRESS CITY-ST-ZIP	F9400000427 FORTUNE TRAVEL, INC. 10100 SANTA MONICA BLVD., SUITE 2400 LOS ANGELES, CA 90067
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

000000710943  
 04/25/07-80059-020 500.00

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: *[Signature]* DATE: 3/10/07 DAYTIME PHONE #: 310-551-0841 ext 209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE