

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

**DOCUMENT # A98000002345**

1. Entity Name  
VILLAGE MARKETPLACE INVESTORS, LTD.



Principal Place of Business  
5728 MAJOR BLVD., STE., 601  
ORLANDO, FL 32819

Mailing Address  
5728 MAJOR BLVD., STE., 601  
ORLANDO, FL 32819

2. Principal Place of Business - No P.O. Box #  
7932 W. Sand lake Rd.

3. Mailing Address  
7932 W. Sand lake Rd.

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

City & State  
Orlando, FL

City & State  
Orlando, FL

Zip  
32819

Country

Zip  
32819

Country

03112008 Chg-LP CR2E003 (12/06)

4. FEI Number  
59-3543561

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KHATIB, RASHID A  
5728 MAJOR BLVD., STE., 601  
ORLANDO, FL 32819

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

7932 W. Sand Lake Rd. Ste 300  
Orlando, FL 32819

FL

Zip Code

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 \_\_\_\_\_  
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**

200125591402  
04/24/08--01035--021 \*\*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**

DOCUMENT # P98000080104  
NAME MARTNI MAGUIRE, INC.  
STREET ADDRESS 5728 MAJOR BLVD., STE., 601  
CITY-ST-ZIP ORLANDO, FL 32819

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
CITY-ST-ZIP  
7932 W. Sand Lake Rd. Ste 300  
Orlando, FL 32819

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE