

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010761

Entity Name: VILLAGE BOULEVARD, LLC

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

500 SOUTH ANDREWS AVE.
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

500 SOUTH ANDREWS AVE.
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 45-0479172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELO, BARRY & BOLDT, P.A.
SUNTRUST CENTER
515 EAST LAS OLAS BLVD., SUITE 850
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

ANGELO, BARRY & BANTA, P.A.
SUNTRUST CENTER
515 EAST LAS OLAS BLVD., SUITE 850
FT. LAUDERDALE, FL 33301 US

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.

SIGNATURE: THOMAS P. ANGELO, ESQ.

03/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: HAEGER, KENT C
Address: 700 NORTH MAYFLOWER
City-St-Zip: LAKE FOREST, IL 60045

Title: VT () Delete
Name: LABONTE, JAMES
Address: 51 CAYUGA RD
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S (X) Delete
Name: KATTHA, JOSEPH R
Address: 508 KENILWORTH AVE
City-St-Zip: KENILWORTH, IL 60043

Title: MGRM (X) Delete
Name: FEIT, PETER
Address: 1306 OXFORD LANE
City-St-Zip: GLENVIEW, IL 60025

Title: MGRM (X) Delete
Name: GIAGIORGI, ED
Address: 510 DOUGLAS DRIVE
City-St-Zip: LAKE FOREST, IL 60045

Title: MGRM (X) Delete
Name: DAVIS, SCOTT
Address: 1344 BONNIE GLEN LANE
City-St-Zip: GLENVIEW, IL 60025

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAEGER, KENT C
Address: 700 NORTH MAYFLOWER
City-St-Zip: LAKE FOREST, IL 60045

Title: MGRM (X) Change () Addition
Name: KATCHA, JOSEPH R
Address: 508 KENILWORTH AVENUE
City-St-Zip: KENILWORTH, IL 60043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENT C. HAEGER

MGRM

03/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date