


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000010761</b> 1. Entity Name VILLAGE BOULEVARD, LLC	
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Principal Place of Business 500 SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069	Mailing Address 500 SOUTH ANDREWS AVE. POMPANO BEACH, FL 33069
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04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0479172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ANGELO, BARRY & BANTA, P.A. SUNTRUST CENTER 515 EAST LAS OLAS BLVD., SUITE 850 FT. LAUDERDALE, FL 33301
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAEGER, KENT C 700 NORTH MAYFLOWER LAKE FOREST, IL 60045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATCHA, JOSEPH R 508 KENILWORTH AVENUE KENILWORTH, IL 60043
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<p>U000000734652 05/10/07-80002-011 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. 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 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.
<b>SIGNATURE:</b> <i>George J. Razick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<i>4/24/07</i> <small>Date</small>
<i>954-946-6262</i> <small>Daytime Phone #</small>