2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L03000004910

Entity Name: VILLAGE CENTRE GP, LLC

Current Principal Place of Business:

2950 SW 27 AVE
200
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2950 SW 27 AVE
200
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 57-1149761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET, SUITE 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BOGGIO, LLOYD J
Address: 2950 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: MGR ( ) Delete
Name: GREER, BRUCE
Address: 2950 SW 27TH AVENUE
City-St-Zip: MIAMI, FL 33133

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GMN-VILLAGE CENTRE,, LLC
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

Title: P (X) Change ( ) Addition
Name: DOIMINGUEZ, AGUSTIN
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

Title: VP ( ) Change (X) Addition
Name: MURRAY, TERRI
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

Title: S ( ) Change (X) Addition
Name: KLINE, SCOTT
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

Title: T ( ) Change (X) Addition
Name: REVALES, RON
Address: 300 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RON REVALES T 05/02/2006

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