## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000004910

Entity Name: VILLAGE CENTRE GP, LLC

777 SOUTH FLAGLER ST

WEST PALM BEACH, FL 33401

Address:

City-St-Zip:

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 510 24 ST STE A WEST PALM BEACH, FL 33407 US **New Mailing Address: Current Mailing Address:** 510 24 ST STE A WEST PALM BEACH, FL 33407 US FEI Number: 57-1149761 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MURRAY, TERRI NEIGHBORHOOD RENAISSANCE, INC. 510 24 ST 510 24 ST WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: TERRI MURRAY 04/22/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete NEIGHBORHOOD RENAISSANCE, INC. Name: Name: 510 24 ST. SUITE A Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: Title: ( ) Delete () Change () Addition FLICK, CARL A Name: Name: Address: 221 34TH ST Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition MURRAY, TERRI Name: Name: 510 24 ST. SUITE A Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: ( ) Delete Title: () Change () Addition STARKEY, BETTE A Name: Name: Address: 213 29 ST Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition FOX, TERRY A FOX, TERRY A Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

2566 AVE. AU SOLEIL

GULF STREAM, FL 33483

SIGNATURE: CARL A. FLICK PRES 04/22/2009