2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006067

1. Entity Name
VILLAGE LAND CO., L.L.C.

Principal Place of Business	Mailing Address
17 SOUTH OSCEOLA AVE., SUITE 200 ORLANDO, FL 32801	17 SOUTH OSCEOLA AVE., SUITE 200 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
34-1974787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RAFFA, FREDERICK A
17 SOUTH OSCEOLA AVE., SUITE 200
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RAFFA, FREDERICK A
STREET ADDRESS	45 EASTWIND LANE
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VP
NAME	MILLER, THOMAS A
STREET ADDRESS	211 STIRLING AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/06-80092-017 50.00

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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.

4079485141

SIGNATURE: Frederick A. Raffa, President 1/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #