2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L03000006067

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

Current Principal Place of Business:

17 SOUTH OSCEOLA AVE., SUITE 200
ORLANDO, FL 32801

New Principal Place of Business:

17 SOUTH OSCEOLA AVE.
SUITE 200
ORLANDO, FL 32801

Current Mailing Address:

17 SOUTH OSCEOLA AVE., SUITE 200
ORLANDO, FL 32801

New Mailing Address:

17 SOUTH OSCEOLA AVE.
SUITE 200
ORLANDO, FL 32801

FEI Number: 34-1974787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

RAFFA, FREDERICK A
17 SOUTH OSCEOLA AVE.
SUITE 200
ORLANDO, FL 32801 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: _____ 04/03/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: RAFFA, FREDERICK A
Address: 45 EASTWIND LANE
City-St-Zip: MAITLAND, FL 32751

Title: VP ( ) Delete
Name: MILLER, THOMAS A
Address: 211 STIRLING AVENUE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: RAFFA, FREDERICK A
Address: 45 EASTWIND LANE
City-St-Zip: MAITLAND, FL 32751

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

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.

SIGNATURE: F. A. RAFFA PRES 04/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date