

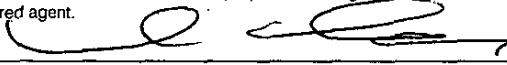
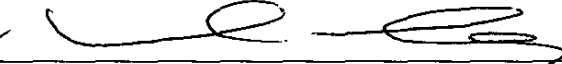


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90008 042 ****55.00

DOCUMENT # L03000011974 1. Entity Name VILLAGE RESIDENCES, LLC					
Principal Place of Business 209 TOWN CENTER BLVD. DAVENPORT, FL 33896			Mailing Address 209 TOWN CENTER BLVD. DAVENPORT, FL 33896		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 30-0168897	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REILLY, ANDREW R 95 SOUTH TENTH ST. HAINES CITY, FL 33845			7. Name and Address of New Registered Agent Name HEIDI J. MARLING Street Address (P.O. Box Number is Not Acceptable) 209 TOWN CENTER BLVD City DAVENPORT FL Zip Code 33896		
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: 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGRM HEIDI J. MARLING 209 TOWN CENTER BLVD DAVENPORT, FL 33896		
			MGR JAMES S. CARR 11 DALE LAKE MALVERN PA 19355		
			MGR DANA DRAKE 417 OVERLAND DR BRANDON, FL 33511		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/30/04 Daytime Phone #: 863-424-5536		
HEIDI J. MARLING, MGRM					