


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90104 022 \*\*\*\*50.00

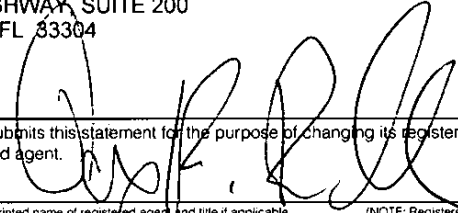
<b>DOCUMENT # L03000017130</b>	
1. Entity Name <b>OLD FLORIDA VILLAGE OF WILTON MANORS, L.L.C.</b>	

Principal Place of Business <b>120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>120 NE 4TH STREET FORT LAUDERDALE, FL 33301</b>
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2. Principal Place of Business - No P.O. Box # <b>1212 E Broward Blvd. Suite 300 Fort Lauderdale FL</b>	3. Mailing Address <b>1212 E Broward Blvd. Suite 300 Fort Lauderdale FL</b>
4. FEI Number <b>06-1731754</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

01082007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>CHRISTIANSEN, MICHAEL E 1500 N. FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE, FL 33304</b>		7. Name and Address of New Registered Agent <b>Gay Richardson 1212 E Broward Blvd. Suite 300 Fort Lauderdale FL 33301</b>	
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	

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, GLENN B JR 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1212 E Broward Blvd. Fort Lauderdale, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, PATRICIA 120 NE 4TH STREET FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1212 E Broward Blvd. Fort Lauderdale, FL 33301</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GB GWEN, IRE 120 N 4TH ST FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #