


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000031091 1. Entity Name THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC	
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Principal Place of Business 209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896	Mailing Address 209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896
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DO NOT WRITE IN THIS SPACE



04092008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0034724	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MARLING, HEIDI J 209 TOWN CENTER BOULEVARD DAVENPORT, FL 33896
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**DO NOT WRITE
IN THIS SPACE**

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


**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAGE PARTNERS, G.P 209 TOWN CENTER BLVD. DAVENPORT, FL 33896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTHERN OAKS, LLC 6866 CEDAR LAKE DRIVE PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000917025
05/13/08-80025-010 138.75

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:  **4-21-08 863-424-5536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #