

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90099 031 ****50.00

DOCUMENT # L04000002157 1. Entity Name THE VILLAGE COMMERCIAL HOLDINGS, LLC					
Principal Place of Business 221 MCKENZIE AVE PANAMA CITY, FL 32401			Mailing Address 221 MCKENZIE AVE PANAMA CITY, FL 32401		
2. Principal Place of Business 10254 E. Co. Hwy 30-A Suite, Apt. #, etc. Unit 11-E		3. Mailing Address 10254 E. Co. Hwy 30-A Suite, Apt. #, etc. Unit 11-E		20061704 	
City & State Seacrest Beach, FL		City & State Seacrest Beach, FL		06022005 Chg-LLC CR2E083 (10/03)	
Zip 32413		Country USA		4. FEI Number 20-0594052	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HUTCHISON, EDWARD A JR 221 MCKENZIE AVE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Raymond P. Fitzpatrick Jr. Street Address (P.O. Box Number is Not Acceptable) 10254 E. Co. Hwy 30-A City Seacrest Beach FL Zip Code 32413		
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 7/5/05 <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 September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FITZPATRICK, RAYMOND P JR 1929 THIRD AVE NORTH, STE 600 BIRMINGHAM, AL 35203 <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	MGRM CHAMBERS, STEVEN E 1929 THIRD AVE NORTH, STE 600 BIRMINGHAM, AL 35203 <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	
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 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: Member DATE 7/5/05 Daytime Phone # 205-320-2255 <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> RAYMOND P. FITZPATRICK, JR.					