2007 LIMITED LIABILITY COMPANY ANNUAL REPORT -

DOCUMENT # L04000049132

1. Entity Name LIVINGSTON VILLAGE, LLC



Jan 29, 2007 08:00 AM **Secretary of State**

FILED

Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109 US Mailing Address

2055 TRADE CENTER WAY NAPLES, FL 34109 US



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 20-3393505 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GRABINSKI, MATTHEW L ESQ 4001 TAMIAMI TRAIL NORTH SUITE 300 NAPLES, FL 34103

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			Agent signature required when reinstating)	DATE
Filing Fee is \$50.00				
9.	MANAGING MEMBERS/MANAGERS			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOOD, G. STUART 2055 TRADE CENTER WAY NAPLES, FL. 34109			U00000008304 02/01/07-80005-009 50.00
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGR COTTER, JEFFREY J 2055 TRADE CENTER WAY NAPLES, FL 34109			
TITLE NAME STREET ADDRESS CTTY - ST - ZIP			DO I	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE			_'	

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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empanered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

> ANACHIG MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTER

1/24/07