


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-17-2005 90138 016 ****50.00
FILED
L04000054071

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20022035

DOCUMENT # L04000054071	
1. Entity Name THE VILLAGE SHOPPES, L.L.C.	

Principal Place of Business 354 LAKEVIEW STREET ORLANDO, FL 32804	Mailing Address P.O. BOX 540118 ORLANDO, FL 32854
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2. Principal Place of Business P.O. BOX 569	3. Mailing Address P.O. BOX 569
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Augusta, GA	City & State Augusta, GA
Zip 30903	Zip 30903
Country Richmond	Country



03042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1393677	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, JOHN J 354 LAKEVIEW STREET ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHN J. JONES INVESTMENTS, INC. 354 LAKEVIEW STREET ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(1), 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: JOHN J. JONES 3/4/05 (407) 808-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #