2005 LIMITED LIABILITY COMPANY

SIGNATURE:

Jan 27, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-27-2005 90079 035 ****50.00 DOCUMENT # L04000080448 D.D. OF VILLAGE GREEN, LLC **20004300** Principal Place of Business Mailing Address 2550 SE WILLOUGHBY BLVD. 2550 SE WILLOUGHBY BLVD. STUART, FL 34994 STUART, FL 34994 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4 FEI Number 41-2156813 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOOGE, HOWARD E JR, ESQ Street Address (P.O. Box Number is Not Acceptable) 401 E. OSCEOLA STREET STUART, FL. 34994 City ---Zip Code 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. M. C. C. Coloration capped to the Happing of Delete 17 to TITLE - FULL S TITLEP FOR THE PER PORT EMPART HERE LAND ME TO SET AT A L Michael MATAKACTIS 4900 NE Spinnakur ONT PL NAME : NAME STREET ADDRESS STREET ADDRESS StuBET IFL. BURGE CATY-ST-ZIP CITY-ST-ZIP B)Grm TITLE TITLE ☐ Addition ☐ Change Spiro LASKARIS 5070 Schooner Oaks Way NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SRIAT, FL. 34997 CITY-ST-ZIP MGTM TITLE ☐ Delete TITLE ☐ Change ☐ Addition Scott Hulmes NAME NAME POBOX 2804 STREET ADDRESS STREET ADDRESS JENGEN BCH, FL. 34958 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE -- Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME 4 1 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling 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 the 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 trusted exposured to execute this report as required by Chapter 608, Florida Statutes. -20-05

NGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

772219-0049

Date