


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90231 032 ***138.75

DOCUMENT # L05000032012	
1. Entity Name THE VILLAGE AT DEBARY, LLC	

Principal Place of Business 1200 DELTONA BLVD., #61 DELTONA, FL 32725	Mailing Address 1200 DELTONA BLVD., #61 DELTONA, FL 32725
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2. Principal Place of Business - No P.O. Box # 2955 Enterprise Rd. Suite, Apt. #, etc. Suite 100 City & State DeBary, FL Zip 32713 Country USA	3. Mailing Address 2955 Enterprise Rd. Suite, Apt. #, etc. Suite 100 City & State DeBary, FL Zip 32713 Country USA
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60020310



02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3389627	Applied For 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 PIPER, MILDRED A 1200 DELTONA BLVD., #61 DELTONA, FL 32725	7. Name and Address of Now Registered Agent Name Piper, Mildred A. Street Address (P.O. Box Number is Not Acceptable) 2955 Enterprise Rd. Suite 100 City DeBary FL Zip Code 32713
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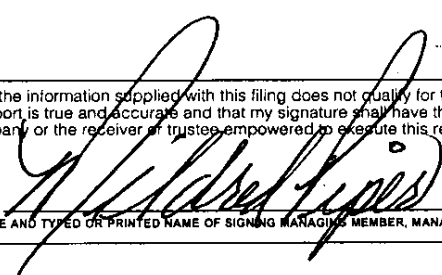
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIPER, MILDRED A 1200 DELTONA BLVD #61 DELTONA, FL 32725 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2955 Enterprise Rd, Suite 100 DeBary, FL 32713 <input checked="" 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
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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 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: 	4-3-08 386 574 1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #