2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047127

1. Entity Name

VINCENNES COMMONS, L.L.C.



Principal Place of Business

804 NICHOLAS PKWY EAST

SUITE 2

CAPE CORAL, FL 33990

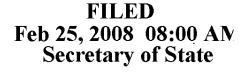
Mailing Address

804 NICHOLAS PKWY EAST

SUITE 2

DO NOT WRITE IN THIS SPACE

CAPE CORAL, FL 33990





01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 	Applied For
20-2832788		Not Applicable
5. Certificate of Status Desired	\$5.00) Additional

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ. 1105 CAPE CORAL PKWY SUITE C CAPE CORAL, FL 33904

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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 tamiliar with, and accept
	the obligations of registered agent.	
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	. MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, MARJORIE 804 NICHOLAS PKWY EAST SUITE 2 CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, BILL 804 NICHOLAS PKWY EAST SUITE 2 CAPE CORAL, FL 33990		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERTZ, SCOTT 804 NICHOLAS PKWY EAST SUITE 2 CAPE CORAL, FL 33990		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

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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 of powered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRE

21908

239458-8811

Daytime Phone