


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|  |   |
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| <b>DOCUMENT # L05000072627</b><br>1. Entity Name<br>VILLAGE PARTNERS CM, LLC |  |
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|---|---|
| Principal Place of Business<br>209 TOWN CENTER BOULEVARD<br>DAVENPORT, FL 33896 | Mailing Address<br>209 TOWN CENTER BOULEVARD<br>DAVENPORT, FL 33896 |
|---|---|



04092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br>20-3200936                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional<br>Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>MUNROE, W. BRADLEY ESQ<br>239 EAST VIRGINIA STREET<br>TALLAHASSEE, FL 32301 |
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| <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
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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 \_\_\_\_\_  
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                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CARR, JAMES S<br>11 DALE LANE<br>MALVERN, PA 19355                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MARLING, HEIDI J<br>209 TOWN CENTER BOULEVARD<br>DAVENPORT, FL 33896 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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|---|
| <p>1000000930502<br/>05/21/08-80112-010 143.75</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**



4-24-08

863-424-5536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #