

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 041 ****50.00

DOCUMENT # L05000083725					
1. Entity Name VILLAGE INVESTMENTS NORTHEAST FLORIDA, LLC					
Principal Place of Business 145 LEWIS POINT ROAD ST. AUGUSTINE, FL 32086			Mailing Address 145 LEWIS POINT ROAD ST. AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # 5970 US-1 NORTH Suite, Apt. #, etc.		3. Mailing Address 5970 US-1 NORTH Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL Zip: 32095 Country:		City & State ST. AUGUSTINE, FL Zip: 32095 Country:		4. FEI Number 20-3416297	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32220-2			7. Name and Address of New Registered Agent Name: CURTIS A. WEAVER, JR Street Address (P.O. Box Number is Not Acceptable): 5970 US-1 NORTH City: ST. AUGUSTINE FL Zip Code: 32095		
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: <u><i>Curtis A. Weaver</i></u> DATE: <u>2 APR 07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE PS NAME KAMNU, BABETTE STREET ADDRESS 3025 BISHOP ESTATES RD CITY - ST - ZIP JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete		TITLE DPT NAME WEAVER, Babette A. STREET ADDRESS 3025 Bishop Estates Rd CITY - ST - ZIP SAINT Johns, FL 32259	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete		TITLE DVPS NAME WEAVER, JR, CURTIS A. STREET ADDRESS 3025 Bishop Estates Rd CITY - ST - ZIP SAINT Johns, FL 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u><i>Curtis A. Weaver</i></u>			2 APR 07		904 824 7997
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>