

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000083725

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** VILLAGE INVESTMENTS NORTHEAST FLORIDA, LLC

**Current Principal Place of Business:**

5970 US-1 NORTH  
SAINT AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

5970 US-1 NORTH  
SAINT AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 20-3416297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEAVER, CURTIS A JR  
5970 US-1 NORTH  
SAINT AUGUSTINE, FL 32095 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** DPT  
**Name:** WEAVER, BABETTE A MS  
**Address:** 3025 BISHOP ESTATES RD  
**City-St-Zip:** JACKSONVILLE, FL 32259

**Title:** DVPS  
**Name:** WEAVER, CURTIS A JR  
**Address:** 3025 BISHOP ESTATES RD  
**City-St-Zip:** JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** CURTIS A WEAVER JR

DVPS

03/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date