

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088397

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE VILLAGE CONDOMINIUMS, LLC

Current Principal Place of Business:

423 ALL SAINTS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

310 BLOUNT ST.
SUITE 111
TALLAHASSEE, FL 32301

Current Mailing Address:

310 BLUNT ST
108
TALLAHASSEE, FL 32301

New Mailing Address:

P.O. BOX 15694
TALLAHASSEE, FL 32317

FEI Number: 20-3445194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, SUSAN S
3520 THOMASVILLE ROAD, 4TH FLOOR
TALLAHASSEE, FL 32309 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: MGRM () Delete
Name: ROSEN, PETER S
Address: 423 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM () Delete
Name: PAGOZALSKI, MICHAEL A
Address: 423 ALL SAINTS STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSEN, PETER S
Address: P.O. BOX 15694
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM (X) Change () Addition
Name: PAGOZALSKI, MICHAEL A
Address: P.O. BOX 11070
City-St-Zip: TALLAHASSEE, FL 32302

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER ROSEN

MNGM

01/26/2009

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