

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097551

FILED  
Aug 04, 2006  
Secretary of State

Entity Name: 1ST VILLAGE RENTALS, LLC

**Current Principal Place of Business:**

3511 WEDGEWOOD LANE  
SUITE 123  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

3511 WEDGEWOOD LANE  
SUITE 123  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

THE MILLHORN LAW FIRM  
13710 US HWY 441  
SUITE 100  
LADY LAKE, FL 32159 US

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: NORRIS, CHRISTOPHER  
Address: 3511 WEDGEWOOD LANE, SUITE 123  
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Delete  
Name: NORRIS, DANYELL  
Address: 3511 WEDGEWOOD LANE, SUITE 123  
City-St-Zip: THE VILLAGES, FL 32162

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANYELL NORRIS

MGRM

08/04/2006

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