## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000105297

Entity Name: DOWNTOWN VILLAGE SQUARE, LLC

**FILED** Mar 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4002 DEL PRADO BLVD. 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904

CAPE CORAL, FL 33904

**Current Mailing Address: New Mailing Address:** 

4002 DEL PRADO BLVD 4002 DEL PRADO BLVD. SOUTH

CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

FEI Number: 20-3886600 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LEE, ROBERT A JR. LEE, ROBERT A JR

4002 DEL PRADO BLVD. 4002 DEL PRADO BLVD. SOUTH CAPE CORAL, FL 33904 US CAPE CORAL, FL 33904

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: 03/06/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

LEE & ASSOCIATES 009, LLC Name: Name: Address: 4002 DEL PRADO BLVD. Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: DIFEDE, MICHAEL Name: Address: 4002 DEL PRADO BLVD. Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

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: ROBERT A. LEE, JR. **MGRM** 03/06/2009