

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90173 047 \*\*\*\*50.00

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| <b>DOCUMENT # L05000119661</b><br>1. Entity Name<br><b>VILLAGE GREEN, LLC</b>  |   |                                 |  |  |  |
| Principal Place of Business<br><b>5406 26TH STREET WEST<br/>BRADENTON FL 34207</b>   |   |                                 | Mailing Address<br><b>5406 26TH STREET WEST<br/>BRADENTON FL 34207</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |   |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |  |
| City & State<br>Zip Country  |   |                                 | City & State<br>Zip Country  |  |  |
| 4. FEI Number <b>65-0202420</b>  |   |                                 |  | Applied For<br><input type="checkbox"/> Not Applicable             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                                 |  | <b>\$5.00 Additional Fee Required</b>                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARRISON, G. JOSEPH<br/>1206 MANATEE AVENUE WEST<br/>BRADENTON FL 34205</b>  |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b>   |   |                                 |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HOWRE, THOMAS A<br>5406 26TH ST W<br>BRADENTON FL 34207 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>Howze, Thomas A.<br>5406 26th St. W<br>Bradenton, FL 34207 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ROBINSON, H L<br>5406 26TH ST W<br>BRADENTON FL 34207   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |   |                                 |  |  |  |
| <b>SIGNATURE:</b> <i>Thomas A. Howze</i>   |   |                                 | <b>3-12-07 (94) 753-6710</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 | Date Daytime Phone #   |  |  |