

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003553

FILED
Apr 19, 2009
Secretary of State

Entity Name: VILLAGE CENTER AT ROYAL PALM BEACH, LLC

Current Principal Place of Business:

ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, STEE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, STE 1100
WEST PALM BEACH, FL 33401

Current Mailing Address:

ONE CLEARLAKE CENTRE
250 AUSTRALIAN AVENUE SOUTH, STEE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-4367240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHROEDER, MICHAEL A
SCHROEDER AND LARCHE, P.A.
120 EAST PALMETTO PARK ROAD, SUITE 150
BOCA RATON, FL 33432 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: GOTTLIEB, GARY A
Address: 250 SOUTH AUSTRALIAN AVE SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: FISHER, STEPHEN E
Address: 250 SOUTH AUSTRALIAN AVE SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM () Delete
Name: WALTERS, MICHAEL J
Address: 250 SOUTH AUSTRALIAN AVE SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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

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 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: STEPHEN E FISHER

MGRM

04/19/2009

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