



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90081 036 ***143.75

DOCUMENT # L06000008653 1. Entity Name THE VILLAGES VISITING BABY, LLC					
Principal Place of Business 17112 SE 71ST LEWISFIELD TERRACE THE VILLAGES, FL 32162			Mailing Address 17112 SE 71ST LEWISFIELD TERRACE THE VILLAGES, FL 32162		
2. Principal Place of Business - No P.O. Box # 8018 SE 177th Wintertown Loop		3. Mailing Address 8018 SE 177th Wintertown Loop			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07032008 Chg-LLC CR2E083 (12/06)	
City & State The Villages FL		City & State The Villages FL		4. FEI Number 26-0134838	
Zip 32162		Country MARION		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent STOVAL, JANE A 17112 SE 71ST LEWISFIELD TERRACE THE VILLAGES, FL 32162				7. Name and Address of New Registered Agent Name Cruz, Jason D Street Address (P.O. Box Number is Not Acceptable) 8018 SE 177th Wintertown Loop City The Villages FL Zip Code 32162	
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 Jason D. Cruz President DATE 7/15/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOVAL, JANE A 17112 SE 71ST LEWISFIELD TERRACE THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LILLY, KATHLEEN V 17112 SE 71ST LEWISFIELD TERRACE THE VILLAGES, FL 32162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASON D. CRUZ 8018 SE 177th Wintertown Loop The Villages, FL 32162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wilma Lessin 8018 SE 177th Wintertown Loop The Villages, FL 32162	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 Chapter 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.					
SIGNATURE: Jason D. Cruz <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 7/15/08 Daytime Phone # (352) 255-3374	