

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000085460

FILED
Jan 15, 2007
Secretary of State

Entity Name: VILLAGE PARTNERS DEVELOPMENT SERVICES, LLC

Current Principal Place of Business:

209 TOWN CENTER BLVD.
DAVENPORT, FL 33896

New Principal Place of Business:

209 TOWN CENTER BLVD
DAVENPORT, FL 33896 US

Current Mailing Address:

209 TOWN CENTER BLVD.
DAVENPORT, FL 33896

New Mailing Address:

209 TOWN CENTER BLVD
DAVENPORT, FL 33896 US

FEI Number: 20-5461456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 E. VIRGINIA STREET
TALLAHASSEE, FL 32301 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: INVESTORS REALTY LTD, ., INC.
Address: 209 TOWN CENTER BLVD.
City-St-Zip: DAVENPORT, FL 33896

Title: MGRM () Delete
Name: CARR INVESTMENTS, LP,
Address: 11 DALE LANE
City-St-Zip: MALVERN, PA 19355

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INVESTORS REALTY LTD, ., INC.
Address: 209 TOWN CENTER BLVD.
City-St-Zip: DAVENPORT, FL 33896 US

Title: MGRM (X) Change () Addition
Name: CARR INVESTMENTS, LP,
Address: 11 DALE LANE
City-St-Zip: MALVERN, PA 19355 US

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: MELISSA J WOOD

M

01/15/2007

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