## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000101052

Entity Name: VILLAGES TOWN CENTER, L.L.C.

17532 COBBLESTONE LANE

CLERMONT, FL 34711 FL

Address:

City-St-Zip:

FILED Apr 22, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 17532 COBBLESTONE LANE 1635 E. HIGHWAY 50 CLERMONT, FL 34711 SUITE 300 CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 1635 E. HIGHWAY 50 17532 COBBLESTONE LANE SUITE 300 CLERMONT, FL 34711 CLERMONT, FL 34711 FEI Number: 20-8093048 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: WALLACE, DAVID 17532 COBBLESTONE LANE CLERMONT, FL 34711 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete HESSBURG, DANIEL J MGR Name: Name: Address: 1635 E. HIGHWAY 50, SUITE 300 Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: () Change () Addition HESSBURG, DANIEL J M Name: Name: Address: 1635 E. HIGHWAY 50, SUITE 300 Address: City-St-Zip: CLERMONT, FL 34711 FL City-St-Zip: Title: () Delete Title: () Change () Addition BOYETTE, K. WADE M Name: Name: 1635 E. HIGHWAY 50, SUITE 300 Address: Address: City-St-Zip: CLERMONT, FL 34711 FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition M WALLACE, DAVID M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DANIEL J. HESSBURG M 04/22/2008