

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120428

FILED  
May 08, 2007  
Secretary of State

**Entity Name:** THE VILLAGES INFO CENTER LLC

**Current Principal Place of Business:**

1199 ADDISON AVE  
LADY LAKE, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1199 ADDISON AVE  
LADY LAKE, FL 32162

**New Mailing Address:**

FEI Number: 20-8387228      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MAHON, RONALD  
1199 ADDISON AVE  
LADY LAKE, FL 32162      US

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: MRG      ( ) Delete  
Name: MAHON, RONALD  
Address: 1199 ADDISON AVE  
City-St-Zip: LADY LAKE, FL 32162

Title: MRG      ( ) Delete  
Name: ADEE, KEITH  
Address: 867 CORTEZ CIRCLE  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES:**

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: RONALD MAHON

MGR

05/08/2007

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