


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90054 008 \*\*\*138.75

**60042338**

<b>DOCUMENT # L07000001086</b> 1. Entity Name <b>TERNBERRY VILLAGE, LLC</b>					
Principal Place of Business <b>7723 CHARLESTON STREET UNIVERSITY PARK, FL 34201</b>			Mailing Address <b>7723 CHARLESTON STREET UNIVERSITY PARK, FL 34201</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-8151756</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROSENBERG, DAVID H ESQ. 8130 LAKEWOOD MAIN STREET SECOND FLOOR, SUITE 208 BRADENTON, FL 34202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM YEOMANS, MIKE 7723 CHARLESTON STREET UNIVERSITY PARK, FL 34201</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____			Date <b>4-29-08</b>		Daytime Phone # <b>(941) 374-9481</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					