

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90070 012 \*\*\*138.75

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<b>DOCUMENT # L07000001366</b> 1. Entity Name <b>VILLAGE DRIVE PROFESSIONAL CENTER, LLC</b>					
Principal Place of Business <b>931 STRAFORD PLACE MELBOURNE, FL 32940</b>			Mailing Address <b>931 STRAFORD PLACE MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box # <b>2825 Business Center Blvd</b>		3. Mailing Address <b>2825 Business Center Blvd</b>			
Suite, Apt. #, etc. <b>Suite B5</b>		Suite, Apt. #, etc. <b>Suite B5</b>			
City & State <b>Melbourne, FL</b>		City & State <b>Melbourne, FL</b>			
Zip <b>32940</b>		Country <b>USA</b>		4. FEI Number <b>11-3804936</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>LARKIN, DAVID G 1900 S HICKORY ST. STE A MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent Name <b>Barry Richardson</b> Street Address (P.O. Box Number is Not Acceptable) <b>2825 Business Center Blvd</b> <b>#B5</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32940</b>		
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  DATE <b>1-21-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALEY, JOHN D 645 CLASSIC COURT MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 410558 Melbourne, FL 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDUST, RICK 7630 N WICKHAM RD. MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3507 Cappio Drive Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, BARRY F 931 STRAFORD PLACE MELBOURNE, FL 32940	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  DATE <b>1-21-08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					