2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054534

160 PARKSIDE DRIVE

City-St-Zip: SAINT AUGUSTINE, FL 32095 US

Address:

Entity Name: VILLAGE SQUARE UNIT 109, LLC

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
UNIT 109	KET STREET GUSTINE, FL 32095 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
UNIT 109	(ET STREET GUSTINE, FL 32095 US			
	: 26-0229210 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	I Address of Current Registered Agent:	Name and Address of	New Registered Agent:	
701 MARK UNIT 109	ICES OF CURTIS & ASSOCIATES, P.A. KET STREET GUSTINE, FL 32095 US			
	named entity submits this statement for the of Florida.	ne purpose of changing its registered	office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete BROWNING, CAROL L 108 HICKORY HILL DRIVE SAINT AUGUSTINE, FL 32095 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete KRUSE, BRIAN T 108 HICKORY HILL DRIVE SAINT AUGUSTINE, FL 32095 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete CURTIS, SUSAN J 160 PARKSIDE DRIVE SAINT AUGUSTINE, FL 32095 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM () Delete CURTIS III, CHARLES W	Title: Name:	() Change () Addition	

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: SUSAN J CURTIS MGRM 04/23/2009