2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000055609

Entity Name: MODEL VILLAGE, LLC

Current Principal Place of Business:

4524 SE 16TH PLACE, #2C
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4524 SE 16TH PLACE, #2C
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOTT, GEORGE H ESQ.
KNOTT, CONSOER, EBELINI, HART & SWETT PA
1625 HENDRY STREET, STE. 301
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	TIMBERLINE BUILDERS,, INC.	
Address:	3618 DEL PRADO BLVD.	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	MGRM	( ) Delete
Name:	PAUL HOMES, INC.,	
Address:	4524 SE 16TH PLACE, #2C	
City-St-Zip:	CAPE CORAL, FL 33904	
Title:	MGRM	( ) Delete
Name:	MARVIN DEVELOPMENT C, ORPORATION	
Address:	6720 WINKLER ROAD	
City-St-Zip:	FORT MYERS, FL 33919	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ROBERT D KNIGHT JR MGMR 04/29/2008

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