

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062403

FILED
Mar 24, 2009
Secretary of State

Entity Name: VILLAGE SQUARE PARKWAY, LLC

Current Principal Place of Business:

4181 SOUTHPOINT DR. EAST
SUITE 400
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4181 SOUTHPOINT DR. EAST
SUITE 400
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 26-1267560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRO REALTY CONSULTANTS, INC.
4181 SOUTHPOINT DR. EAST
SUITE 400
JACKSONVILLE, FL 32217 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: MGMR () Delete
Name: LEWIS, MURRAY A
Address: 4181 SOUTHPOINT DR. EAST, STE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR () Delete
Name: BAGDONAS, MICHAEL
Address: 10365 HOOD RD SOUTH, STE 208
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGR () Delete
Name: TUCKER, GREGORY S
Address: 4181 SOUTHPOINT DR. EAST, STE. 400
City-St-Zip: JACKSONVILLE, FL 32216

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: MURRAY A. LEWIS

MGRM

03/24/2009

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