


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90078 009 \*\*\*138.75

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L07000079145</b>             |  |  |
| 1. Entity Name<br><b>CLUB VILLAGE, LLC</b> |  |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1601 NW 13TH ST.<br/>BOCA RATON, FL 33486</b> | Mailing Address<br><b>1601 NW 13TH ST.<br/>BOCA RATON, FL 33486</b> |
|---|---|

**50009912**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

07292008 Chg-LLC CR2E083 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>26-0634044</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent<br><b>J &amp; M ACCOUNTING &amp; TAX SERVICE, INC.<br/>2080 NW BOCA RATON BLVD<br/>SUITE 6<br/>BOCA RATON, FL 33431</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |  |
|---|--|---|--|

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<br/>Due by September 12, 2008</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | <b>Make check payable to<br/>Florida Department of State</b> |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>DEFALCO, FRED<br/>1601 NW 13TH ST.<br/>BOCA RATON, FL 33486</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**8/28/08** **561-391-4141**  
Date Daytime Phone #