

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124284

FILED  
Apr 27, 2008  
Secretary of State

Entity Name: VILLAGE COMMONS OFFICE PARK, LLC

## Current Principal Place of Business:

475 COMMERCE LAKE DRIVE  
SUITE 1  
ST. AUGUSTINE, FL 32095

## New Principal Place of Business:

## Current Mailing Address:

475 COMMERCE LAKE DRIVE  
SUITE 1  
ST. AUGUSTINE, FL 32095

## New Mailing Address:

FEI Number: 26-1839084

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVENPORT, GARY B  
211 S. 4TH ST.  
FLAGLER BEACH, FL 32136 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: MGR ( ) Delete  
Name: REIFF-NIOSI, LEONARA E  
Address: 475 COMMERCE LAKE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: NIOSI, ARTHUR A  
Address: 475 COMMERCE LAKE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: KORB, ANDREW D  
Address: 475 COMMERCE LAKE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: KORB, SUSAN P  
Address: 475 COMMERCE LAKE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR ( ) Delete  
Name: NESSMITH, DIANA R  
Address: 475 COMMERCE LAKE DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32095

## 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:

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: SUSAN P KORB

MGR

04/27/2008

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