2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # M04000002015 1. Entity Name VILLAGE COMMONS I, LLC

Principal Place of Business

CITY-ST-ZIP

SIGNATURÉ;

2 PONDS EDGE DRIVE CHADDS FORD, PA 19317

Mailing Address

2 PONDS EDGE DRIVE CHADDS FORD, PA 19317

FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90032 037 ****55.00

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03272007 No Chg-LLC

CR2E083 (11/05)

610-388-9600

4. FEI Number
20-1161483

5. Certificate of Status Desired

Applied For Not Applicable

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDYWINE FINANCIAL SERVICES CORPORATION 2631 MCCORMICK DRIVE, STE. 101 CLEARWATER, FL 33759

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	a named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered	office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Recentered	Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR Managing Member			
NAME	VILLAGE COMMONS, INC.			
STREET ADORESS	2 PONDS EDGE DRIVE			
CITY-ST-ZIP	CHADDS FORD, PA 19317			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME ATTREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			DO NO	Γ WRITE
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NAME STREET ADDRESS				
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CITY-ST-ZIP		l		
TITLE				
NAME				
STREET ADDRESS				

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.

President of Village Commons, Linc.,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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