2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003495



FILED Apr 03, 2006 8:00 am Secretary of State

1. Entity Nam	VILLAGE, LLC	,			04-03-2006	90062 020		50.00
	e of Business IWN AVENUE, SUITE 8A, 1ST FLOOR BEACH, FL 32461	Mailing Address 8 GEORGETOWN AVENU ROSEMARY BEACH, FL		, issues i	A BENJARIBIS BENJA BENJA BENJA	N es in osiud isin i	(1212 (211) (IITEN III TEGI
2. Principal Place of Business		3. Mailing Address						
PO Box 611296 Rosemary Beach, FL 32461		Suite, Apt. #, etc.	03302006	03302006 Chg-LLC CR2E083 (11/05)				
		City & State	1	4. FEI Number Applied For 20-1506679 Not Applicable				
;	-	Zip	Country	5. Certificate	of Status Desired		.00 Ac e Requin	
	6. Name and Address of Current F	legistered Agent		7. Name and	Address of New R	egistered Ag	ent	
ZEITLIN, BRAD 8 GEORGETOWN AVENUE, SUITE 8A, 1ST FLOOR ROSEMARY BEACH, FL 32461			Stree 82 S. Barrett Square, Suite 2A Ne) Rosemary Beach, FL 32461					
			City		_	FL	Žip Co	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or re	gistered agent, or bo	oth, in the State of Flo	orida. I am fan	niliar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signature r	required when reinstating)		DATE		<u> </u>
FI Di	iling Fee is \$50.00 ue by May 1, 2008			Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSAIC CAPITAL PARTNERS II PO BOX 611575 ROSEMARY BEACH, FL 32461	☐ Delete	NAME 1 STREET ADDRESS 8	Manager New Orchard G 32 South Barrett Rosemary Beach	Square, Suite 2	A	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coorda 2)	,] Change	☐ Addition
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indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	hat my signature shall have t	he same legal effect :	as if made under oat	h; that I am a manag	urther certify the	at the in or manag	formation per of the
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