2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M05000006157

Entity Name: VILLAGE GRAND, LLC

Current Principal Place of Business:

1000 MANSEL EXCHANGE WEST, BLDG. 200, #210
ALPHARETTA, GA 30022

New Principal Place of Business:

128 GOLDEN GATE POINT
#1001
SARASOTA, FL 34236

Current Mailing Address:

1000 MANSEL EXCHANGE WEST, BLDG. 200, #210
ALPHARETTA, GA 30022

New Mailing Address:

128 GOLDEN GATE POINT
#1001
SARASOTA, FL 34236

FEI Number: 80-0030051 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete
Name: BRIDGES, JAMES E
Address: 1000 MANSEL EXCHANGE WEST, BLDG. 200, #210
City-St-Zip: ALPHARETTA, GA 30022

Title: MGRM (X) Delete
Name: BARROW, PAUL V JR.
Address: 1000 MANSEL EXCHANGE WEST, BLDG. 200, #210
City-St-Zip: ALPHARETTA, GA 30022

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRIDGES, JAMES E
Address: 128 GOLDEN GATE POINT #1001
City-St-Zip: SARASOTA, FL 34236

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: JAMES E. BRIDGES MGRM 03/20/2009

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