2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 11, 2004 8:00 am Secretary of State 02-11-2004 90208 029 ****50.00

DOCUMENT # M0100000817



THE VILLAGE DEVELOPMENT COMPANY; LLC						
Principal Place of Business 4 OFFICE PARK CIRCLE, SUITE 204 BIRMINGHAM, AL 35223	Mailing Address 4 OFFICE PARK CIRCLE, SUITE 204 BIRMINGHAM, AL 35223			24009922		
2. Principal Place of Business 1929 3 Avenue N.	3ª Avenue N. 1929 3° Avenue		<u>4.</u>			
Suite, Apt. #, etc. She LoSTO City & State	Suite, Apt. #, etc. Stre. 650 City & State		0122	22004 Chg-LLC	CR2E083 (10/03)	plied For
Birmingham, AL Zip Country	Birmingham AL Zip Country		6	3-1272516 entificate of Status Desired	No \$5.00 Addi	t Applicable
6. Name and Address of Currer	35203	Name -		tme and Address of New	Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324		221 =	220	nckenzie	Ave.	
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of polyteched agent.				· · · · · · · · · · · · · · · · · · ·	Florida. I am familiar with,	₹401 and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Filing Fee is \$50.00 Due by May 1, 2004					lake check payable to ida Department of State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. MANAGING MEME	BERS/MANAGERS Delete	10.	MGRM		IS/CHANGES	B-9
NAME SMARTT III, PHILANDER K STREET ADDRESS 4 OFFICE PARK CIRCLE SUIT CITY-\$1-ZIP BIRMINGHAM, AL 35223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Raymon	nd P. Fitzpr gra Aue. N. S ingham, AL	1+Rick_J-Change 5+e 650 35203	Addition	
MGRM CHAMBERS, STEVEN E STREET ADDRESS 4 OFFICE PARK CIRCLE, SUI BIRMINGHAM, AL 35223	CHAMBERS, STEVEN E 1 ADDRESS 4 OFFICE PARK CIRCLE, SUITE 204			5. Chamb 3rd Ave, N 19ham AL	, Ste 650	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change_	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delete	`TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: RAYMOND P. F., T. Z. PAFRICK, TR.						
SIGNATURE: RAYMOND P. F, T 2 BATRICIC, TR. Daying Phone #						