

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002268

FILED
Jan 15, 2009
Secretary of State

Entity Name: PARK RIDGE APARTMENTS, L.L.C.

Current Principal Place of Business:

615 CRESCENT EXECUTIVE CT
SUITE 120
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

615 CRESCENT EXECUTIVE CT
SUITE 120
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3697789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, N. DWAYNE JR ESQ
201 EAST PINE STREET
SUITE 500
ORLANDO, FL 32801 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: BORCK, TODD
Address: 615 CRESCENT EXECUTIVE CT SUITE 120
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: WOLF, JONATHAN
Address: 615 CRESCENT EXECUTIVE CT SUITE 120
City-St-Zip: LAKE MARY, FL 32746

Title: MGR () Delete
Name: LAW, PATRICK E
Address: 615 CRESCENT EXECUTIVE CT. STE. 120
City-St-Zip: LAKE MARY, FL 32746

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:

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: TODD BORCK MGR 01/15/2009

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