

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033387

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: BOARDWALK APARTMENTS, LLC

**Current Principal Place of Business:**

BOARD WALK APTS  
3130 W. LAMBRIGHT  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

BOARD WALK APTS  
3130 W. LAMBRIGHT  
TAMPA, FL 33614

**New Mailing Address:**

BOARD WALK APTS  
6099 RIVERSIDE DR., SUITE 200  
DUBLIN, OH 43017

FEI Number: 31-1193319      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VAUGHAN, DOROTHY A  
THE PLAYERS CLUB  
1425 GULF OF MEXICO DR., D-102  
LONGBOAT KEY, FL 34228 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: HITSMAN, MICHAEL R  
Address: 6099 RIVERSIDE DR., STE. 200  
City-St-Zip: DUBLIN, OH 43017 US

**ADDITIONS/CHANGES:**

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: MICHAEL R. HITSMAN

MM

07/15/2009

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