

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102918

FILED
Jan 15, 2009
Secretary of State

Entity Name: COTTON PATCH MEADOWS, L.L.C.

Current Principal Place of Business:

524 EAST COLLGE AVE.
TALLAHASSEE, FL

New Principal Place of Business:

524 EAST COLLGE AVE.
TALLAHASSEE, FL 32301

Current Mailing Address:

524 EAST COLLGE AVE.
TALLAHASSEE, FL

New Mailing Address:

524 EAST COLLGE AVE.
TALLAHASSEE, FL 32301

FEI Number: 20-3645027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIEVERS, KAREN
524 EAST COLLGE AVE.
TALLAHASSEE, FL US

Name and Address of New Registered Agent:

GIEVERS, KAREN
524 EAST COLLGE AVE.
TALLAHASSEE, FL 32301 US

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: _____

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OUR NEXT CHAPTER II., LLC
Address: 524 EAST COLLGE AVE.
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OUR NEXT CHAPTER II., LLC
Address: 524 EAST COLLGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

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: KAREN GIEVERS

MM

01/15/2009

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