

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035028

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** LVO COLLIER LLC

**Current Principal Place of Business:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13116  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

220 N. MAIN STREET  
GAINESVILLE, FL 32601 US

**FEI Number:** 20-4630345

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

COLLIER, NATHAN S  
220 N. MAIN STREET  
GAINESVILLE, FL 32601 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: THE GABLES APARTMENTS OF GAINESVILLE, LTD.  
Address: 220 N. MAIN STREET  
City-St-Zip: GAINESVILLE, FL 32601 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: NATHAN S. COLLIER, PRES OF GP

MGRM

04/28/2009

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