

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000108627

FILED
Nov 12, 2008
Secretary of State**Entity Name:** RAVENWOOD APARTMENTS, LLC**Current Principal Place of Business:**46 DELEGAL RD
SAVANNAH, GA 31411**New Principal Place of Business:**8030 OLD KINGS ROAD
JACKSONVILLE, FL 32217**Current Mailing Address:**46 DELEGAL RD
SAVANNAH, GA 31411**New Mailing Address:**17360 COLIMA ROAD
SUITE 344
ROWLAND HEIGHTS, CA 91748**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GARDNER, CHARLES R
1300 THOMASWOOD DR
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**BERNARD, LAWRENCE J
1403-20 DUNN AVENUE
JACKSONVILLE, FL 32218 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: LAWRENCE J. BERNARD

11/12/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: SMITH, DOUGLAS E
Address: 46 DELEGAL RD
City-St-Zip: SAVANNAH, GA 31411Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: LEOTTI, FRANK C MGRM
Address: 17360 COLIMA ROAD, SUITE 344
City-St-Zip: ROWLAND HEIGHTS, CA 91748Title: MGRM () Change (X) Addition
Name: LEOTTI, DEBRA L MGRM
Address: 17360 COLIMA ROAD, SUITE344
City-St-Zip: ROWLAND HEIGHTS, CA 91748

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: FRANK C. LEOTTI

MGRM

11/12/2008

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