2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004801

Entity Name: COUNTRY CLUB APTS, LLC

CHANDLER, CARMEN T

ROCKLIN, CA 95677 UA

6551 NEBULA COURT

Name:

Address:

City-St-Zip:

FILED Feb 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1515 S 14 HOLLYW(TH AVE DOD, FL 33019	9 US		
Current Mailing Address:			New Mailing Address:	
PO BOX 2 HOLLYW(221176 DOD, FL 33022	2 US		
FEI Number	: 65-1088241	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1247 HAR HOLLYWO	, EMANUEL M RISON STREE DOD, FL 33019 e named entity s e of Florida.	T) US	purpose of changing its registere	d office or registered agent, or both
SIGNATU	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () IONESCU, EMA 1247 HARRISO HOLLYWOOD,	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM () IONESCU, MIH/ 1247 HARRISO HOLLYWOOD,	N STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGRM ()	Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EMANUEL IONESCU MGRM 02/22/2009