

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009780

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** OAK RIDGE TERRACE APARTMENTS, LLC

**Current Principal Place of Business:**

36120 HUFF ROAD  
EUSTIS, FL 32736

**New Principal Place of Business:**

6016 CHIPOLA CR  
ORLANDO, FL 32809

**Current Mailing Address:**

36120 HUFF ROAD  
EUSTIS, FL 32736

**New Mailing Address:**

6016 CHIPOLA CR  
ORLANDO, FL 32809

FEI Number: 02-0598552      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:**

JONES, JOSIAH  
36120 HUFF ROAD  
EUSTIS, FL 32736      US

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

JONES, JOSIAH  
6016 CHIPOLA CR  
ORLANDO, FL 32809      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: \_\_\_\_\_

05/01/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            JONES, JOSIAH  
Address:        36120 HUFF ROAD  
City-St-Zip:    EUSTIS, FL 32736

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            JONES, JOSIAH  
Address:        6016 CHIPOLA CR  
City-St-Zip:    ORLANDO, FL 32809

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: JOSIAH JONES

MGRM

05/01/2007

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