

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020605

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: IRONWOOD HOMES OF LAKE CITY, LLC

## Current Principal Place of Business:

4109 UNITES STATES HIGHWAY 90 WEST  
LAKE CITY, FL 32055

## New Principal Place of Business:

4109 US HIGHWAY 90 WEST  
LAKE CITY, FL 32055

## Current Mailing Address:

12788 U.S. 90 WEST  
LIVE OAK, FL 32060

## New Mailing Address:

FEI Number: 13-4207786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, KRIS B  
582 WEST DUVAL STREET  
LAKE CITY, FL 32055 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: PS ( ) Delete  
Name: FRIER, MATTHEW  
Address: 12788 US 90 WEST  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: FRIER, TODD  
Address: 12788 US 90 WEST  
City-St-Zip: LIVE OAK, FL 32060

Title: VP ( ) Delete  
Name: FRIER, WAYNE  
Address: 12788 US 90 WEST  
City-St-Zip: LIVE OAK, FL 32060

Title: MGRM ( ) Delete  
Name: MARTIN, LARRY  
Address: 4109 US HWY 80 W  
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM ( ) Delete  
Name: FLOYD, JASON  
Address: 3909 US HWY 90W  
City-St-Zip: LAKE CITY, FL 32025

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TODD D FRIER

T

01/16/2009

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