

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022664

FILED
Mar 04, 2009
Secretary of State

Entity Name: ROYALTON ON THE GREEN APARTMENTS, LLC

Current Principal Place of Business:

3211 PONCE DE LEON BLVD, STE. 301
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3211 PONCE DE LEON BLVD, STE. 301
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1062070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, REX M
3211 PONCE DE LEON BLVD., SUITE 301
CORAL GABLES, FL 33134 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: CECIL, MILTON
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Delete
Name: FRANK, MILTON
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: JOSEPH, MILTON
Address: 3211 PONCE DE LEON BLVD #301
City-St-Zip: CORAL GABLES, FL 33134

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:

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: CECIL MILTON

MGR

03/04/2009

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