

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000024233

1. Entity Name  
ARBOR GREENS COMMUNITY LLC



Principal Place of Business  
126 N.W. 76TH DRIVE, STE. A  
GAINESVILLE, FL 32607

Mailing Address  
P.O. BOX 13416  
GAINESVILLE, FL 32604

2. Principal Place of Business - No P.O. Box #  
1731 NW 6TH STREET

3. Mailing Address  
PO BOX 14506

Suite, Apt., etc.  
SUITE A

Suite, Apt., etc.

City & State  
GAINESVILLE FL

City & State  
GAINESVILLE FL

Zip  
32609

Country  
ALACHUA

Zip  
32604

Country  
ALACHUA

02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
91-2196858

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BULLARD, BARRY P  
126 N.W. 76TH DRIVE, STE. A  
GAINESVILLE, FL 32607

## 7. Name and Address of New Registered Agent

Name  
WESTON BAUR/ED BAUR MANAGEMENT INC.

Street Address (P.O. Box Number is Not Acceptable)  
DBA FLORIDA COMMUNITY MANAGEMENT

1731 NW 6TH STREET SUITE A

City  
GAINESVILLE

FL

Zip Code  
32609

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-07

Amended AR is \$50.00

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RUTENBERG, BARRY B  
2820 N.W. 31ST TERRACE  
GAINESVILLE, FL 32605 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WILDE, DOUG R  
9304 S.W. 32ND PLACE  
GAINESVILLE, FL 32608 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
5818 NW 72nd St  
Gainesville, FL 32653

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
400098513204  
04/11/07--01043--016 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* BARRY B. Rutenberg 3/15/07 8466x102  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

2007 APR -5 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

