

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024233

FILED
Jan 14, 2009
Secretary of State

Entity Name: ARBOR GREENS COMMUNITY LLC

Current Principal Place of Business:

1731 NW 6TH STREET
SUITE A
GAINESVILLE, FL 32609

New Principal Place of Business:

126 NW 76 DRIVE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

P.O. BOX 13416
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 91-2196858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTON BAUR/ED BAUR MANAGEMENT INC.
D/B/A FLORIDA COMMUNITY MANAGEMENT
1731 NW 6TH STREET SUITE A
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

WILDE, DOUG R
9304 SW 32 PLACE
GAINESVILLE, FL 32608 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: DOUG R WILDE

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUTENBERG, BARRY B
Address: 5818 NW 72ND ST
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR () Delete
Name: WILDE, DOUG R
Address: 9304 S.W. 32ND PLACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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: DOUG R WILDE

MGR

01/14/2009

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