

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033897

FILED
Jan 18, 2009
Secretary of State

Entity Name: ALLIGATOR POINT HOMES, LLC

Current Principal Place of Business:

1400 VILLAGE SQUARE BLVD., UNIT 3
STE. 142
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

102 CHUKKARS DR.
THOMASVILLE, GA 31792

New Mailing Address:

FEI Number: 75-3129128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, PORTER
1400 VILLAGE SQUARE BLVD., UNIT 3
STE. 142
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

CHANDLER, PORTER E
1400 VILLAGE SQUARE BLVD., UNIT 3
STE. 142
TALLAHASSEE, FL 32312 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: PORTER E. CHANDLER

01/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHANDLER, PORTER E MGR
Address: 514 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM () Delete
Name: SINGLETARY, RICHARD L MGRM
Address: 102 CHUKKARS DR.
City-St-Zip: THOMASVILLE, GA 31792 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SINGLETARY HOLDINGS, LLC
Address: 102 CHUKKARS DR.
City-St-Zip: THOMASVILLE, GA 31792 US

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: PORTER E. CHANDLER

MGRM

01/18/2009

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