

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035946

FILED
Jul 26, 2009
Secretary of State

Entity Name: RESIDENCE REVIVAL, L.L.C.

Current Principal Place of Business:

409 MARGARET STREET
UNIT D
KEY WEST, FL 33040

New Principal Place of Business:

937 FLEMING STREET
KEY WEST, FL 33040

Current Mailing Address:

7162 121ST STREET WEST
APPLE VALLEY, MN 55124

New Mailing Address:

6178 AUTUMN POINT
OLIVE BRANCH, MS 38654

FEI Number: 61-1457538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, CHRISTINE M
409 MARGARET STREET
UNIT D
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

WILLIAMS, CHRISTINE M
937 FLEMING STREET
KEY WEST, FL 33040 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:

07/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, RICKEY R
Address: 7162 121ST STREET WEST
City-St-Zip: APPLE VALLEY, MN 55124

Title: MGRM () Delete
Name: WILLIAMS, CHRISTINE M
Address: 7162 121ST STREET WEST
City-St-Zip: APPLE VALLEY, MN 55124

Title: MGRM () Delete
Name: JOHNSON, MARK
Address: 5791 230TH STREET EAST
City-St-Zip: ELKO, MN 55020

Title: MGRM () Delete
Name: JOHNSON, ANN
Address: 5791 230TH STREET EAST
City-St-Zip: ELKO, MN 55020

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, RICKEY R
Address: 6178 AUTUMN POINT
City-St-Zip: OLIVE BRANCH, MS 38654

Title: MGRM (X) Change () Addition
Name: WILLIAMS, CHRISTINE M
Address: 6178 AUTUMN POINT
City-St-Zip: OLIVE BRANCH, MS 38654

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: RICKEY WILLIAMS

MGRM

07/26/2009

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