

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000035946

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

937 FLEMING STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

6178 AUTUMN POINT  
OLIVE BRANCH, MS 38654

**New Mailing Address:**

30924 N. 78TH PLACE  
SCOTTSDALE, AZ 85266

**FEI Number:** 61-1457538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, RICKEY R  
937 FLEMING STREET  
KEY WEST, FL 33040 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  
**Name:** WILLIAMS, RICKEY R  
**Address:** 30924 N. 78TH PLACE  
**City-St-Zip:** SCOTTSDALE, AZ 85266

**Title:** MGRM  
**Name:** WILLIAMS, CHRISTINE M  
**Address:** 30924 N. 78TH PLACE  
**City-St-Zip:** SCOTTSDALE, AZ 85266

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

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

I hereby 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 R. WILLIAMS

MGRM

04/10/2011

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