

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008372

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** CARRIAGE CROSSING APARTMENTS II, LLC

**Current Principal Place of Business:**

11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 20-2305246

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

HALE, JEFFREY W  
11635 NW 1ST AVENUE  
GAINESVILLE, FL 32607 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 ( ) Delete  
Name: CURTIS, JOHN M  
Address: 11635 NW 1ST AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

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: JOHN M CURTIS

MGRM

04/22/2009

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