2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L05000016053

Entity Name: APOPKA TOWNHOME VILLAS, LLC

Current Principal Place of Business:

1101 EAST PLANT STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

1419 E KALEY ST
ORLANDO, FL 32806

Current Mailing Address:

1101 EAST PLANT STREET
WINTER GARDEN, FL 34787

New Mailing Address:

1419 E KALEY ST
ORLANDO, FL 32806

FEI Number: 20-2363784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALDEO, HEMRAJ E
1101 EAST PLANT STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

BIERMAN, JOHN O
1419 E KALEY ST
ORLANDO, FL 32806 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: JOHN BIERMAN 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GHRM PROPERTIES, LLC,
Address: 1101 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BIERMAN, JOHN O MGR
Address: 1419 E KALEY ST
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Change (X) Addition
Name: BIERMAN, STACEY H MGR
Address: 1419 E KALEY ST
City-St-Zip: ORLANDO, FL 32806

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 BIERMAN MGR 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date