# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 08, 2009**
**Secretary of State**

DOCUMENT# L05000071275

**Entity Name:** COURTNEY WOODS APARTMENTS, LLC

**Current Principal Place of Business:**

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number: 74-3156590** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., SUITE 1000 (DTO)
ORLANDO, FL 32801 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: | VPST | ( ) Delete |
| Name: | SCHAFFER, JOHN | |
| Address: | 100 COLONIAL CENTER PKWY SUITE 470 | |
| City-St-Zip: | LAKE MARY, FL 32746 | |
| Title: | MGRM | ( ) Delete |
| Name: | COURTNEY WOODS DEVEL, OPMENT, INC | |
| Address: | 100 COLONIAL CENTER PKWY SUITE 470 | |
| City-St-Zip: | LAKE MARY, FL 32746 | |
| Title: | P | ( ) Delete |
| Name: | OGIER, GERALD D | |
| Address: | 100 COLONIAL CENTER PKWY SUITE 470 | |
| City-St-Zip: | LAKE MARY, FL 32746 | |
| Title: | VP | ( ) Delete |
| Name: | OGIER, STEVE | |
| Address: | 100 COLONIAL CENTER PKWY SUITE 470 | |
| City-St-Zip: | LAKE MARY, FL 32746 | |
| Title: | VP | ( ) Delete |
| Name: | OGIER, MARK C | |
| Address: | 100 COLONIAL CENTER PKWY SUITE 470 | |
| City-St-Zip: | LAKE MARY, FL 32746 | |

**ADDITIONS/CHANGES:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| 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: JOHN SCHAFFER V 01/08/2009

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