

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074979

Entity Name: R & I AT BUFFALO RIDGE, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

8301 C.R. 44
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

8301 C.R. 44
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 20-3335713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZENSKY, RICHARD W
8728 SE 165 MULBERRY LANE
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

ROZENSKY, RICHARD W
8792 SE 165 MULBERRY LANE
THE VILLAGES, FL 32162 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: RICHARD W ROZENSKY

04/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MBR () Delete
Name: ROZENSKY, RICHARD W
Address: 8728 SE 165 MULBERRY LANE
City-St-Zip: THE VILLAGES, FL 32162

Title: MBR () Delete
Name: ILKKA, DON
Address: 8301 CR 44
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROZENSKY, RICHARD W
Address: 8792 SE 165 MULBERRY LANE
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM (X) Change () Addition
Name: ILKKA, DON
Address: 8301 CR 44
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD W ROZENSKY

PRES

04/17/2007

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