

FILED

May 02, 2008 08:00 AM
Secretary of State2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000074979

1. Entity Name

R & I AT BUFFALO RIDGE, LLC



Principal Place of Business

8301 C.R. 44
LEESBURG, FL 34748

Mailing Address

8301 C.R. 44
LEESBURG, FL 34748

04292008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3335713

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relinquishing)

11000000942230

05/29/08-80052-005 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	ROZENSKY, RICHARD W	8792 SE 165 MULBERRY LANE	THE VILLAGES, FL 32162

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGRM	ILKKA, DON	8301 CR 44	LEESBURG, FL 34748

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/30/08

352-753-0144