

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000093928**

1. Entity Name  
ALACHUA APARTMENT ASSOCIATES, LLC



Principal Place of Business  
4428 S.W. 35TH TERRACE  
GAINESVILLE, FL 32608

Mailing Address  
4428 S.W. 35TH TERRACE  
GAINESVILLE, FL 32608



02072007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1769594

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MAY, JACK C  
4428 S.W. 35TH TERRACE  
GAINESVILLE, FL 32608

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000654986  
03/13/07-80098-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/D  
MAY, JACK C  
4428 SW 35TH TERRACE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/P  
MILLER, GEORGE M  
4428 SW 35TH TERRACE  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S/D  
SALTER, JAMES D  
703 NE 185 STREET  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

2-7-07

352-373-7575