


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000093928</b> 1. Entity Name <b>ALACHUA APARTMENT ASSOCIATES, LLC</b>	
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Principal Place of Business <b>4428 S.W. 35TH TERRACE GAINESVILLE, FL 32608</b>	Mailing Address <b>4428 S.W. 35TH TERRACE GAINESVILLE, FL 32608</b>
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01172008No Chg-LLC      CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>06-1769594</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

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	<b>P/D MAY, JACK C 4428 SW 35TH TERRACE GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/P MILLER, GEORGE M 4428 SW 35TH TERRACE GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D SALTER, JAMES D 703 NE 185 STREET GAINESVILLE, FL 32608</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000811472  
02/12/08-80009-002 138.75

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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* V.P.