

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093928

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: ALACHUA APARTMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 06-1769594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAY, JACK C  
4428 S.W. 35TH TERRACE  
GAINESVILLE, FL 32608 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: P/D ( ) Delete  
Name: MAY, JACK C  
Address: 4428 SW 35TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: V/P ( ) Delete  
Name: MILLER, GEORGE M  
Address: 4428 SW 35TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: S/D ( ) Delete  
Name: SALTER, JAMES D  
Address: 703 NE 185 STREET  
City-St-Zip: GAINESVILLE, FL 32608

**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:

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: GEORGE M. MILLER

VP

01/16/2009

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