2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# L07000018290

Entity Name: RESIDENCES AT OLD SCHOOL, LLC

Current Principal Place of Business:

633 W. PENSACOLA ST.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

Current Mailing Address:

11515 66TH STREET N
LARGO, FL 33773 US

New Mailing Address:

FEI Number: 20-8990394 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS LAW GROUP, PA
2958 1ST AVENUE N
ST. PETERSBURG, FL 33713 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: MGR ( ) Delete
Name: BARTON, LANCER A
Address: 2201 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602 US

Title: MGR ( ) Delete
Name: ROIX, SCOTT G
Address: 11515 66TH STREET N
City-St-Zip: LARGO, FL 33773

Title: MGRM (X) Delete
Name: COREY, ADAM B
Address: 204 SOUTH MELVILLE AVE UNIT C
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARTON, LANCER A
Address: 2201 NORTH FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33602 US

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: LANCER A BARTON MGRM 04/02/2009

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