

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039141

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** CASCADES AT HALIFAX PLANTATION, LLC

**Current Principal Place of Business:**

131 BUSINESS CENTER DRIVE  
SUITE B11  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1626  
ORMOND BEACH, FL 32175

**New Mailing Address:**

**FEI Number:** 20-8823811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TUMBLESON, J. DOYLE  
150-A SOUTH PALMETTO AVENUE  
DAYTONA BEACH, FL 32114 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: MGRM  
Name: BLEDSOE, J. RONNIE  
Address: 131 BUSINESS CENTER DRIVE, SUITE B11  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM  
Name: MYNCHENBERG, PARKER K  
Address: 1729 RIDGEWOOD AVENUE  
City-St-Zip: HOLLY HILL, FL 32117

I hereby 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: JAMES RONNIE BLEDSOE

MRG

04/05/2010

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