

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055318

FILED
Apr 07, 2009
Secretary of State

Entity Name: CARRIAGE HOUSE APARTMENTS, L.L.C.

Current Principal Place of Business:

7155 N 9TH AVE 103A
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

20 SEASHORE DR
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 26-0239275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 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 () Delete
Name: ABAD, FRANCIXCO
Address: 20 SEASHORE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: VP () Delete
Name: ABAD, DOLORA
Address: 20 SEASHORE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: ABAD, FAYE
Address: 20 SEASHORE DR
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: ABAD, FRANCISCO
Address: 20 SEASHORE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: ABAD, FAYE D
Address: 20 SEASHORE DR
City-St-Zip: GULF BREEZE, FL 32561

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: DOLORA ABAD

MGR

04/07/2009

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