

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000083890

FILED
Aug 19, 2009
Secretary of State**Entity Name:** LAUDER RIDGE APARTMENTS, LLC**Current Principal Place of Business:**9243 NW 54TH AVENUE
FRANK RAMOTAR
COCONUT CREEK, FL 33073 US**New Principal Place of Business:**5600 SW 12TH STREET
LEASING OFFICE
NORTH LAUDERDALE, FL 33608 US**Current Mailing Address:**9243 NW 54TH AVENUE
FRANK RAMOTAR
COCONUT CREEK, FL 33073 US**New Mailing Address:**5600 SW 12TH STREET
LEASING OFFICE
NORTH LAUDERDALE, FL 33608 US**FEI Number:** 26-0803421**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TILLEY, MICHAEL R
2000 GLADES ROAD
SUITE 306
BOCA RATON, FL 33431 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 () Delete
Name: PERSAUD, CRYSTAL
Address: 9243 NW 54TH AVE
City-St-Zip: COCONUT CREEK, FL 33073 USTitle: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: PERSAUD, KRISHNA
Address: 5600 SW 12TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33608 USTitle: MGRM () Change (X) Addition
Name: PERSAUD, SUMENTRA
Address: 5600 SW 12TH STREET
City-St-Zip: NORTH LAUDERDALE, FL 33608 US

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: KRISHNA PERSAUD

MGRM

08/19/2009

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