2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L07000115493

Entity Name: SRK RESIDENTIAL COMMUNITIES LLC

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 105
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 105
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 42-1746352 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLOSTERMAN, STEPHEN R MR.
6220 S. ORANGE BLOSSOM TRAIL
SUITE 105
ORLANDO, FL 32809 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: PRES ( ) Delete
Name: KLOSTERMAN, STEPHEN R
Address: 4814 LEGACY OAKS DRIVE
City-St-Zip: ORLANDO, FL 32839 US

Title: VICE ( ) Delete
Name: RYVIN, PETER
Address: 1014 GUERNSEY STREET
City-St-Zip: ORLANDO, FL 32704 US

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: KLOSTERMAN, STEPHEN R
Address: 6220 S. ORANGE BLOSSOM TRAIL #105
City-St-Zip: ORLANDO, FL 32809 US

Title: VICE (X) Change ( ) Addition
Name: RYVIN, PETER
Address: 6220 S. ORANGE BLOSSOM TRAIL #105
City-St-Zip: ORLANDO, FL 32809 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: STEPHEN R. KLOSTERMAN PRES 01/15/2009

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