

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046424

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** THE RESIDENCES AT RED OAK, LLC.

**Current Principal Place of Business:**

1722 SAINT JOHNS BLUFF ROAD S.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

1722 SAINT JOHNS BLUFF ROAD S.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

PLEIMAN, THOMAS C JR.  
9471 BAYMEADOWS ROAD  
SUITE 308  
JACKSONVILLE, FL 32256 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: LUNDY, THOMAS S  
Address: 1722 SAINT JOHNS BLUFF ROAD S.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete  
Name: LUNDY, ROBERTA A  
Address: 1722 SAINT JOHNS BLUFF ROAD S.  
City-St-Zip: JACKSONVILLE, FL 32246

**ADDITIONS/CHANGES:**

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:** THOMAS LUNDY

MGRM

04/20/2009

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