2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

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Entity Name: CAPITAL CITY RESIDENTIAL, LLC

Current Principal Place of Business:

508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301

New Principal Place of Business:

502-C CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301

Current Mailing Address:

508-A CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301

New Mailing Address:

502-C CAPITAL CIRCLE, S.E.
TALLAHASSEE, FL 32301

FEI Number: 26-3446630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIST, MICHAEL P
1300 THOMASWOOD DRIVE
TALLAHASSEE, FL 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: MGR
Name: TURNER, FREDERICK E
Address: 508-A CAPITAL CIRCLE, S.E.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR
Name: TURNER, DOUGLAS E
Address: 508-A CAPITAL CIRCLE, S.E.
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR
Name: SMITH, LINDA H
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

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 Statues.

SIGNATURE: LEE ALLMAN ACCT 04/27/2010

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