2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000111954

Entity Name: VILLAS @ NORTH RIDGE L.L.C.

Current Principal Place of Business:

2215 SOUTH THIRD STREET, SUITE 201
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50883
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIPTON, ROBERT C
26 TALLWOOD ROAD
JACKSONVILLE BEACH, FL 32250 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: TIPTON, JOHN D
Address: P.O. BOX 50883
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Delete
Name: WOOD, JOHN
Address: 1100-4 PONCE DE
City-St-Zip: ST. AUGUSTINE, FL 32084

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: JOHN D TIPTON MGRM 03/25/2009

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