LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

DOCUMENT # L98000003389

1. Entity Name

Richmond Apartments, L.L.C. "



FILED Mar 14, 2007 8:00 am **Secretary of State**

03-14-2007 90214 003 ****55.00

DO NOT WRITE IN THIS SPACE

							900	600000				
2 Principal Pl	P88	· · ·	3. Mailing Address			=	V					
2. Principal Place of Business : 4844 DELEON STREET				-								
Suite, Apt. #, etc.,				Suite, Apt. #, etc.	P.O. Box 1814 Suite, Apt. #, etc.			CR2E083B (8/05)				
								, ,				
City & State	e .			City & State			4. FEI Numb	oer			Applied For	
FORT MYERS, FL				PRINCETON, WV			55-	0764274			Not Applicable	
Zip Country			Zip	Zip Country			*	S \$	5.00	Additional		
33907			Zip 24740	MER	7CER	5. Certificate	5. Certificate of Status Desired Fee Required					
	······································	***************************************	d à.					7. Name and Address of Current Registered Agent				
			• 37 **			Name						
DO NOT WRITE						Chart Address (B.O. Bay Number in Not Acceptable)						
Approximation of the contract						Street Address (P.O. Box Number is Not Acceptable) 1080 GOODLETTE ROAD, North						
IN THIS SPACE											<u>.</u>	
										1		
					City NA				FL	Zip	Code 4/02	
City NAPLES FL Zip Code 34/02 8. 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. I am familiar with, and acce												
	ions of regist		statement ioi	the purpose of changing	ita registereu	onice or regio	tered agent, or bi	on, in the otale of the	maa. ram ta	11111011 4	in, and accept	
•		-										
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable.									DATE			
FEE IS \$50.00											i	
Make Check Payable to Florida Department of State												
					DUE BY N	IAY 1						
9.		MANAGI	NG MEMBEI	RS/MANAGERS			***************************************					
TITLE	MGR		1		TITLE							
NAME Blankenship, Mildred				red	d NAME							
STREET ADDRESS 31 Morningside					STREET ADDRESS							
CITY-ST-ZIP Princeton, WV 24740					CITY-ST	-ZIP						
TITLE	mcRi	n			TITLE							
NAME	WhE	FLER.	Sue		NAME							
STREET ADDRESS	Wheeler, Sue 27 Morningside					ADDRESS						
CITY-ST-ZIP	Princeton, WV 24740					-ZIP						
TITLE				<u> </u>	TITLE							
NAME					NAME							
STREET ADDRESS	·				- STREET	NODRESS -		A KINT	MOIT		غب ديني خاسست	
CITY-ST-ZIP	1				CITY-ST	-ZIP	لا	O NOT	AALJI			
TITLE					TITLE		19	V THIS S	SDAC	E		
NAME					NAME		11	A IUID ?	DRAU			
STREET ADDRESS					STREET	address						
CITY-ST-ZIP					CITY-ST	- ZIP						
TITLE					TITLE							
NAME					NAME							
STREET ADORESS					STREET	ADDRESS						
CITY-ST-ZIP					CITY-ST	- ZIP						
TITLE					TITLE	-				,		
NAME	1				NAME							
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-ST	- ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Sue Wheeler - Sue Wheeler 2/27/07 304-487-2811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysime Phone #