

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # *L98000003389*

1. Entity Name

Richmond Apartments, L.L.C.



DO NOT WRITE IN THIS SPACE

60023807

2. Principal Place of Business

6844 DELEON STREET

3. Mailing Address

P.O. Box 1814

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E083B (8/05)

City & State

FORT MYERS, FL

City & State

PRINCETON, WV

4. FEI Number

55-0764274

Applied For

Not Applicable

Zip

33907

Country

Zip

24740

Country

MERCER

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

Turner, Gary

Street Address (P.O. Box Number is Not Acceptable)

1080 GOODLETTE ROAD, North

City

NAPLES

FL

Zip Code

34102

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*MGRM
Blankenship, Mildred
31 Morningside
Princeton, WV 24740*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

*MGRM
WHEELER, SUE
27 Morningside
Princeton, WV 24740*

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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IN THIS SPACE**

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

Daytime Phone #