2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT DOCUMENT # L9900000659

1. Entity Name

RICHARD ROAD APARTMENTS, LLC

FILED
May 07, 2008 08:00 AN
Secretary of State

Principal Place of Business

2677 RICHARD ROAD LAKE PARK, FL 33403 Mailing Address

2677 RICHARD ROAD LAKE PARK, FL 33403



DO NOT WRITE IN THIS SPACE

05052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0890460 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CSONT, KENNETH F 2677 RICHARD ROAD LAKE PARK, FL 33403

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of chations of registered agent.	nanging its registered office or registered agent. or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000949567 06/03/08-80033-007 138.75

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR CSONT, KENNETH F 2677 RICHARD ROAD LAKE PARK, FL 33403	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 procedure or muston empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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