

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003489

Entity Name: RH GAINESVILLE, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3625643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLCOMB, VICTOR W
201 N ARMENIA AVE
TAMPA, FL 33609 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: RATH TREE,LLC
Address: 5405 CYPRESS CENTER DR SUITE 320
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: HARPER FAMILY HOLDINGS, LLC
Address: 5405 CYPRESS CENTER DR SUITE 320
City-St-Zip: TAMPA, FL 33609

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Change (X) Addition
Name: RATH, FRED H
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: VP () Change (X) Addition
Name: HARPER, WILLIAM H
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: S () Change (X) Addition
Name: BLUNN, TIFFANY J
Address: 5405 CYPRESS CENTER DRVIE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

Title: VP () Change (X) Addition
Name: MARTLING, ROBERT A
Address: 5405 CYPRESS CENTER DRIVE, SUITE 320
City-St-Zip: TAMPA, FL 33609 US

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: ROBERT A. MARTLING

VP

04/21/2009

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