

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Apr 12, 2010  
Secretary of State**

DOCUMENT# M05000001699

Entity Name: SWEETWATER APARTMENTS DCF, LLC

**Current Principal Place of Business:**

12813 WARE LANE  
DADE CITY, FL 33525

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 311132  
ENTERPRISE, AL 36330

**New Mailing Address:**

FEI Number: 20-1504535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FERRELL, KATHLEEN  
12813 WARE LANE  
DADE CITY, FL 33525      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: AGEN  
Name: REGENCY MULTIFAMILY SERVICES  
Address: PO BOX 311135  
City-St-Zip: ENTERPRISE, AL 36331

Title: MEMB  
Name: FERRELL, KATHLEEN  
Address: 531 BOLL WEEVIL CIRCLE  
City-St-Zip: ENTERPRISE, AL 36330

Title: MGRM  
Name: BUCK, JOHN  
Address: 2735 PLANTATION PLACE  
City-St-Zip: ENTERPRISE, AL 36330

Title: MGRM  
Name: COPELAND, JOE  
Address: PO BOX 6473  
City-St-Zip: DOTHAN, AL 36302

I hereby 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 BUCK

MGRM

04/12/2010

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