

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000387

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** TORREY VILLAGE APARTMENTS, LLC

**Current Principal Place of Business:**

W222 N833 CHEANEY ROAD  
WAUKESHA, WI 53186

**New Principal Place of Business:**

**Current Mailing Address:**

W222 N833 CHEANEY ROAD  
WAUKESHA, WI 53186

**New Mailing Address:**

**FEI Number:** 39-1264653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MEINERZ, SCOTT  
Address: W222 N833 CHEANEY ROAD  
City-St-Zip: WAUKESHA, WI 53186

**ADDITIONS/CHANGES:**

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

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: SCOTT MEINERZ

MGRM

04/29/2009

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