

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016519

FILED
Feb 03, 2009
Secretary of State

Entity Name: IRONMEN PROPERTIES I, LLC

Current Principal Place of Business:

8510 WATERMILL BLVD, S.
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

PO BOX 7968
JACKSONVILLE, FL 32238

New Mailing Address:

FEI Number: 01-2731119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, DAVID
4400 ROYAL TERN COURT
JAX BEACH, FL 33250 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: MD () Delete
Name: GREEN, DAVID
Address: 4400 ROYAL TERN
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MD () Delete
Name: KAUFMAN, STEVEN
Address: 312 KEELER'S COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MD () Delete
Name: BAILET, PETER
Address: 5321 SHORECREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: MD () Delete
Name: MASINGILL, LON
Address: 14-402 MOUNTAIN LAURELS DRIVE
City-St-Zip: NASHUA, NY 03062

ADDITIONS/CHANGES:

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

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

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

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: DAVID A GREEN

MD

02/03/2009

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