

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033238

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LVN PROPERTY MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

8010 FIRENZE BOULEVARD  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8010 FIRENZE BOULEVARD  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

NGUYEN, MARY T. MAI  
8010 FIRENZE BOULEVARD  
ORLANDO, FL 32836 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: MGR ( ) Delete  
Name: NGUYEN, MARY T. MAI  
Address: 8010 FIRENZE BOULEVARD  
City-St-Zip: ORLANDO, FL 32836

Title: MGRM ( ) Delete  
Name: NGUYEN, THINH  
Address: 5629 MOAT CT.  
City-St-Zip: ORLANDO, FL 32810

Title: MGRM ( ) Delete  
Name: LE, THU  
Address: 3510 WALKER ROAD  
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete  
Name: LE, PHY  
Address: 3510 WALKER ROAD  
City-St-Zip: APOPKA, FL 32703

**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: MARY T MAINGUYEN

MGRM

04/27/2009

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