

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004276

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: HERSHLEY PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

5728 MAJOR BLVD.  
SUITE 550  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5728 MAJOR BLVD.  
SUITE 550  
ORLANDO, FL 32819

**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:**

COHEN, DAVID S  
5728 MAJOR BLVD.  
SUITE 550  
ORLANDO, FL 32819 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: COHEN, DAVID S  
Address: 5728 MAJOR BLVD., SUITE 550  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: MOSES, LISA  
Address: 5213 VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: SEC ( ) Delete  
Name: MOSES, RANDY  
Address: 5213 VINELAND ROAD  
City-St-Zip: ORLANDO, FL 32811

**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:

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 S COHEN

MGRM

02/02/2009

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