

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 04, 2008  
Secretary of State**

DOCUMENT# L04000041387

Entity Name: CODIE PROPERTIES, LLC

**Current Principal Place of Business:**

391 ROBERTS ROAD  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2016  
OLDSMAR, FL 346772016

**New Mailing Address:**

FEI Number: 20-1332128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., SUITE 309  
TAMPA, FL 33629 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: DIEHL, RONALD L  
Address: 391 ROBERTS ROAD  
City-St-Zip: OLDSMAR, FL 34677

Title: MGR      ( ) Delete  
Name: COMAR, DAVID  
Address: 391 ROBERTS ROAD  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES:**

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: RONALD L DIEHL

MGR

06/04/2008

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