

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088945

FILED
Apr 06, 2009
Secretary of State

Entity Name: AMPROP HOLDINGS, LLC

Current Principal Place of Business:

12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US

New Principal Place of Business:

4201 W CYPRESS ST
TAMPA, FL 33607 US

Current Mailing Address:

12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US

New Mailing Address:

4201 W CYPRESS ST
TAMPA, FL 33607 US

FEI Number: 20-1990790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOESSLER, ERIC A
12950 RACETRACK RD. STE 201
SUITE 201
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

SCHOESSLER, ERIC A
4201 W CYPRESS ST
TAMPA, FL 33607 US

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:

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHOESSLER, ERIC A
Address: 12950 RACETRACK RD. STE 201
City-St-Zip: TAMPA, FL 33626

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHOESSLER, ERIC A
Address: 4201 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Change (X) Addition
Name: WALSH, PATRICK J
Address: 4201 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

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: ERIC A SCHOESSLER

MGR

04/06/2009

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