

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014589

FILED
Jan 12, 2009
Secretary of State

Entity Name: AMERICAN GENERAL PROPERTIES, LLC

Current Principal Place of Business:

1 SLEIMAN PARKWAY
SUITE 100
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

1 SLEIMAN PARKWAY
SUITE 100
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 14-1968210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, ROBERT K
1 SLEIMAN PARKWAY
SUITE 270
JACKSONVILLE, FL 32216 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: SLEIMAN, ANTHONY T
Address: 1 SLEIMAN PARKWAY, SUITE 270
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: SLEIMAN, ELI T JR
Address: 1 SLEIMAN PARKWAY, STE 270
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM () Delete
Name: SLEIMAN, JOSEPH E
Address: 1 SLEIMAN PARKWAY STE 270
City-St-Zip: JACKSONVILLE, FL 32216

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: ROBERT K. WHITE

RA

01/12/2009

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