2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115744

Name:

Address:

City-St-Zip:

SIMMONS, CHERE

2728 39TH AVE SE

RUSKIN, FL 33570 US

Entity Name: LAKEWOOD RANCH MARKETING, LLC

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7270 KYLE COURT SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** 7270 KYLE COURT SARASOTA, FL 34240 FEI Number: 20-8064801 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ATKINSON, ARLIS D 7270 KYLE COURT SARASOTA, FL 34240 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ATKINSON, ARLIS D Name: Name: 1912 54TH EAST Address: Address: City-St-Zip: BRADENTON, FL 34208 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: ATKINSON, LINDA K Name: Address: 1912 54TH EAST Address: City-St-Zip: BRADENTON, FL 34208 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ATKINSON, MARK A Name: Name: Address: 1912 54TH EAST Address: City-St-Zip: BRADENTON, FL 34208 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ARLIS ATKINSON MGRM 04/13/2009