

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116941

FILED
Mar 19, 2009
Secretary of State

Entity Name: KOERNER, LLC

Current Principal Place of Business:

1825 EAST GORDON DRIVE
NAPLES, FL 34102

New Principal Place of Business:

800 S GOLF DR
APT. 109
NAPLES, FL 34102

Current Mailing Address:

PO BOX 207
NAPLES, FL 34106

New Mailing Address:

FEI Number: 74-3251677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
STE 300
NAPLES, FL 34109 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: GERALD J. KOERNER RE, VOCABLE TRUST
Address: PO BOX 207
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: KOERNER, CHARLES C
Address: PO BOX 207
City-St-Zip: NAPLES, FL 34106

Title: MGRM (X) Delete
Name: KOERNER, GERALD J III
Address: PO BOX 207
City-St-Zip: NAPLES, FL 34106

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KOERNER, CHARLES C
Address: PO BOX 207
City-St-Zip: NAPLES, FL 34106

Title: MGRM (X) Change () Addition
Name: KOERNER, GERALD J III
Address: PO BOX 207
City-St-Zip: NAPLES, FL 34106

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: CHARLES C KOERNER

MGRM

03/19/2009

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