

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000028551

Entity Name: TAR PROPERTIES, LLC

FILED  
Feb 12, 2009  
Secretary of State

**Current Principal Place of Business:**

5800 NW 39TH AVENUE  
SUITE 101  
GAINESVILLE, FL 32606

**Current Mailing Address:**

5800 NW 39TH AVENUE  
SUITE 101  
GAINESVILLE, FL 32606

FEI Number: 51-0673783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

1701 NW 80TH BLVD  
STE 101  
GAINESVILLE, FL 326069267 US

**New Mailing Address:**

1701 NW 80TH BLVD  
STE 101  
GAINESVILLE, FL 326069267 US

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

BOWERS, PAUL D  
5800 NW 39TH AVENUE  
SUITE 101  
GAINESVILLE, FL 32606 US

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

BOWERS, PAUL D  
1701 NW 80TH BLVD  
STE 101  
GAINESVILLE, FL 326069267 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: PAUL D BOWERS

02/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, THOMAS A  
Address: 5800 NW 39TH AVENUE, SUITE 101  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROBINSON, THOMAS A  
Address: 1701 NW 80TH BLVD STE 101  
City-St-Zip: GAINESVILLE, FL 326069267 US

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: THOMAS A ROBINSON

MGRM

02/12/2009

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