

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039765

FILED
Mar 23, 2009
Secretary of State

Entity Name: PERSEPHONE PROPERTIES, LLC

Current Principal Place of Business:

223 AUDUBON BLVD.
NAPLES, FL 341104402

New Principal Place of Business:

6063 LEE ANN LANE
NAPLES, FL 34109

Current Mailing Address:

223 AUDUBON BLVD.
NAPLES, FL 341104402

New Mailing Address:

6063 LEE ANN LANE
NAPLES, FL 34109

FEI Number: 32-0199262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, PERSEPHONE
223 AUDUBON BLVD.
NAPLES, FL 341104402 US

Name and Address of New Registered Agent:

JOHNSON, PERSEPHONE
6063 LEE ANN LANE
NAPLES, FL 34109 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:

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, PERSEPHONE
Address: 223 AUDUBON BLVD.
City-St-Zip: NAPLES, FL 341104402

Title: MGRM () Delete
Name: JOHNSON, GRAYSEN P
Address: 223 AUDUBON BLVD.
City-St-Zip: NAPLES, FL 341104402

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, PERSEPHONE
Address: 6063 LEE ANN LANE
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Change () Addition
Name: JOHNSON, GRAYSEN P
Address: 6063 LEE ANN LANE
City-St-Zip: NAPLES, FL 34109

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: PERSEPHONE JOHNOSON

MGRM

03/23/2009

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