

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031215

Entity Name: INFINITE PROPERTIES, LLC

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

7001 SW 24TH AVENUE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

7001 SW 24TH AVENUE  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 02-0662325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COOK, DARIN R  
7001 SW 24TH AVENUE  
GAINESVILLE, FL 32607 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: BLASER, RICHARD S  
Address: 10104 SW 17TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM ( ) Delete  
Name: COOK, DARIN R  
Address: 5724 NW 16TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: MCCULLOUGH, MARTHA  
Address: 3426 NW 40TH STREET  
City-St-Zip: GAINESVILLE, FL 32606

**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: RICHARD BLASER

MGRM

04/23/2009

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