

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L95000000917

**Entity Name:** AUTUMN PROPERTIES, L.C.

**Current Principal Place of Business:**

1701 NE 42ND AVENUE  
SUITE 302  
OCALA, FL 34470

**Current Mailing Address:**

1701 NE 42ND AVENUE  
SUITE 302  
OCALA, FL 34470 US

**FEI Number:** 59-3350280

**Certificate of Status Desired:** No

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

WILKINSON, MICHAEL  
1701 NE 42ND AVENUE  
SUITE 302  
OCALA, FL 34470 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

**Authorized Person(s) Detail :**

Title MGRM  
Name WILKINSON, MICHAEL W  
Address 3019 EAST FORT KING ST  
City-State-Zip: Ocala FL 34470

Title MGRM  
Name WILKINSON, DEBRA D  
Address 3019 EAST FORT KING ST  
City-State-Zip: Ocala FL 34470

Title MGRM  
Name WILKINSON, KRISTEN L  
Address 3019 EAST FORT KING ST  
City-State-Zip: Ocala FL 34470

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KRISTEN WILKINSON

**MANAGER**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date