2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 233514

Title:

Name:

Address:

City-St-Zip:

Entity Name: TALLEYRAND PROPERTIES INC.

FILED Jan 07, 2009 Secretary of State

y	17.22211	VARD FROM EIGHEO, IIVO.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1730-B EAST DUAVL ST				1750 EAST DUVAL ST	
#13 JACKSONVILLE, FL 32202 US			#2 JACKSONVILLE, FL 3	#2 JACKSONVILLE, FL 32202 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX JACKSON	47663 IVILLE, FL 32:	2474763 US			
FEI Number	: 59-0900674	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above in the State	ER RD IVILLE, FL 32: Ivin anned entity Ivin an indicate of Florida.		e purpose of changing its registered	d office or registered agent, or both,	
SIGNATU		nic Signature of Registered A	aont	 Date	
Election Car		g Trust Fund Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (FERLISI, JOHI 1781 RIVER R JACKSONVILL	D. APT. #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (JORDAN, MAR 1049 NICHOLS JACKSONVILL	SON RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (ROLLINS, MAF 24512 LOS SE LAGUNA NIGU	RRONAS DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN F. FERLISI PRES 01/07/2009

() Delete

FERLISI, JOSÉPHINE P. .

JACKSONVILLE, FL 32217

4119 PALOMA PT CT

() Change () Addition