2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53645

Entity Name: CORDELE PROPERTIES, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

475 WEST TOWN PLACE

SUITE 200 SAINT JOHNS, FL 32259 LIS SAINT AUGUSTINE, FL 32092 US

New Mailing Address: Current Mailing Address:

475 WEST TOWN PLACE PO BOX 600615

SUITE 200 JACKSONVILLE, FL 32260 US

SAINT AUGUSTINE, FL 32092 US

FEI Number: 59-2762170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MURPHY, PATRICK MURPHY, PATRICK 475 W TÓWN PLACE 2120 SR 13 N

STE 200 SAINT JOHNS, FL 32259 US

SAINT AUGUSTINE, FL 32092 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: 04/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

LABAR, JAMES C. LABAR, JAMES C. Name: Name: 475 WEST TOWN PL STE 200 PO BOX 600615 Address: Address:

City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: JACKSONVILLE, FL 32260

Title: PD Title: PD () Delete (X) Change () Addition MURPHY, PATRICK MURPHY, PATRICK Name: Name:

475 W TOWN PL STE 200 PO BOX 600615 Address: Address:

SAINT AUGUSTINE, FL 32092 JACKSONVILLE, FL 32260 City-St-Zip: City-St-Zip:

() Delete Title: VPD Title: VPD (X) Change () Addition

MURPHY, MICHAEL A MURPHY, MICHAEL A Name: Name: 475 W TOWN PLACE STE 200 PO BOX 600615 Address: Address:

City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: JACKSONVILLE, FL 32260

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.

SIGNATURE: MICHAEL A MURPHY **VPD** 04/20/2009