2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# L00000002349

Entity Name: ROGER PRITCHARD, L.L.C.

Current Principal Place of Business:

1523 PERIWINKLE WAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

1523 PERIWINKLE WAY
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0961730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRITCHARD, WILLIAM L
1523 PERIWINKLE WAY
SANIBEL, FL 33957 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:	PRITCHARD, WILLIAM L	
Address:	1523 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGRM	( ) Delete
Name:	PRITCHARD, ROGER C	
Address:	1523 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGRM	(X) Delete
Name:	GAETA, PAUL	
Address:	1523 PERIWINLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGRM	(X) Delete
Name:	GAETA, MARGARETA	
Address:	1523 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGRM	(X) Delete
Name:	SLANICKA, CJ	
Address:	1523 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	
Title:	MGRM	(X) Delete
Name:	ROBBINS, KATHY	
Address:	1523 PERIWINKLE WAY	
City-St-Zip:	SANIBEL, FL 33957	

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:	
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: WILLIAM L. PRITCHARD MGR 03/27/2009

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