## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L00000011140

City-St-Zip:

Entity Name: ASTIN COMMERCIAL PROPERTIES, L.L.C.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	OWAY RD TY, FL 33567					
Current Mailing Address:			New Mailing Address:			
PO BOX 3 PLANT CI	837 TY, FL 33563					
FEI Number	: 59-3681414	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of	f Status Desired ( )
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
GARDNEF 101 S. FR. TAMPA, F	R, J. STEPHEN ANKLIN STREE L 33602 US	ET, STE 101				
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registe	red office or regis	tered agent, or both
SIGNATUI	RE:					
	Electroni	c Signature of Registered Age	ent		Date	е
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () ASTIN, SAM H II 4408 MUDLAKE PLANT CITY, FL	RD.	Title: Name: Address: City-St-Zip:		()Change ()A	ddition
Title: Name: Address: City-St-Zip:	MGRM () ASTIN, BETTY E 3402 S. SAM AS PLANT CITY, FL	STIN ROAD	Title: Name: Address: City-St-Zip:		()Change ()A	ddition
Title: Name: Address: City-St-Zip:	MGRM () ASTIN, BUFFY 4408 MUDLAKE PLANT CITY, FL		Title: Name: Address: City-St-Zip:		()Change ()A	ddition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	3401 SAN	()Change(X)A S, SUZANNE A ∄ ASTIN RD. ITY, FL 33566	ddition
Title: Name: Address:	( )	Delete	Title: Name: Address:		()Change(X)A LAURA B ⁄I ASTIN RD.	ddition

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.

City-St-Zip:

PLANT CITY, FL 33566

SIGNATURE: SUZANNE ROBERTS MGRM 01/12/2009