2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L01000001927

Entity Name: NORTH SUMTER UTILITY COMPANY, L.L.C.

Current Principal Place of Business:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1020 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 59-3699283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROY, STEVEN M
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 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:	MGR	( ) Delete
Name:	THE VILLAGES OPERATING COMPANY	
Address:	1020 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	P	( ) Delete
Name:	MORSE, H. GARY	
Address:	1020 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	VS	( ) Delete
Name:	MORSE, MARK G	
Address:	1020 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	V	(X) Delete
Name:	ARNETT, JOHN W III	
Address:	1020 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	T	( ) Delete
Name:	WISE, JOHN F	
Address:	1020 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	
Title:	AS	( ) Delete
Name:	ROY, STEVEN M	
Address:	1028 LAKE SUMTER LANDING	
City-St-Zip:	THE VILLAGES, FL 32162	

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: H. GARY MORSE P 04/22/2009

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