

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003264

Entity Name: LACKEY, L.L.C.

FILED
Jan 27, 2009
Secretary of State

Current Principal Place of Business:

6650 SR 544 EAST
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

6650 SR 544 EAST
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-3719193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, WILLIAM C
6650 SR 544 EAST
WINTER HAVEN, FL 33881 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: WATSON, WILLIAM C
Address: 250 MAGNOLIA AVE SW - STE 200- 2ND FLR
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGR () Delete
Name: WATSON, EDNA JANE
Address: 250 MAGNOLIA AVE SW- STE 200 - 2ND FL
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WATSON, WILLIAM C
Address: 26650 SR544 EAST
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR (X) Change () Addition
Name: WATSON, EDNA JANE
Address: 6650 SR544 EAST
City-St-Zip: WINTER HAVEN, FL 33881

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 C. WATSON

MGR

01/27/2009

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