

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004290

FILED
Mar 30, 2009
Secretary of State

Entity Name: NALBANDIAN PROPERTIES, LLC

Current Principal Place of Business:

2815 NW 13TH STREET, SUITE 423
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 204
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 59-3705487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NALBANDIAN, ROPEN
2815 NW 13TH STREET, SUITE 423
GAINESVILLE, FL 32609 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: NALBANDIAN, ROPEN
Address: PO BOX 204
City-St-Zip: GAINESVILLE, FL 32602

Title: M () Delete
Name: THUR DE KOOS, ZABEL
Address: P O BOX 204
City-St-Zip: GAINESVILLE, FL 32602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: THUR DE KOOS, ZABEL
Address: P O BOX 204
City-St-Zip: GAINESVILLE, FL 32602

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: ROPEN NALBANDIAN

MGRM

03/30/2009

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