

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 21, 2009  
Secretary of State**

DOCUMENT# L01000017850

Entity Name: SECTION 32, L.L.C.

**Current Principal Place of Business:**

2750 TRAIL DAIRY CIRCLE  
NORTH FORT MYERS, FL 33918

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3514  
NORTH FORT MYERS, FL 33918

**New Mailing Address:**

FEI Number: 65-1115753      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FALLACARA, BARBARA L  
2750 TRAIL DAIRY CIRCLE  
NORTH FORT MYERS, FL 33918      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: CLEMONS, NORMAN F  
Address: 2750 TRAIL DAIRY CIRCLE  
City-St-Zip: NORTH FORT MYERS, FL 33918

**ADDITIONS/CHANGES:**

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: NORMAN F. CLEMONS

MBR

04/21/2009

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