2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L01000021521

Entity Name: APPLEWOOD DRIVE, L.L.C.

Current Principal Place of Business:

735 INDUSTRY RD., SUITE 109
LONGWOOD, FL 32750

New Principal Place of Business:

240 SPANISH OAK TRAIL
LONGWOOD, FL 32779

Current Mailing Address:

735 INDUSTRY RD., SUITE 109
LONGWOOD, FL 32750

New Mailing Address:

240 SPANISH OAK TRAIL
LONGWOOD, FL 32779

FEI Number: 80-0011898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KINNEY, DIANNE M.
1789 MADISON IVY CIR
APOPKA, FL 32712 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: PS ( ) Delete
Name: GRANT, KINGSLEY E
Address: 240 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: VT ( ) Delete
Name: GRANT, EMILY M
Address: 240 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete
Name: GRANT, KINGSLEY E
Address: 240 SPANISH OAK TRAIL
City-St-Zip: LONGWOOD, FL 32779

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:

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: KINGSLEY E GRANT MGRM 04/26/2009

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