2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L02000005979

Entity Name: COUNTY HOME ROAD, L.L.C.

Current Principal Place of Business:

110 NORTH CYPRESS WAY
CASSELBERRY, FL 327180964

New Principal Place of Business:

Current Mailing Address:

P O BOX 180964
CASSELBERRY, FL 327180964

New Mailing Address:

FEI Number: 35-2166374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPBELL, DON E.K.
245 ARNOLD LN
WINTER SPRINGS, FL 32708 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: CAMPBELL, DONALD E.K.
Address: 170 NORTH CYPRESS WAY
City-St-Zip: CASSELBERRY, FL 327180964

Title: MGR ( ) Delete
Name: CAMPBELL, BEVERLY J
Address: 1411 S GRANT ST
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

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: DON EK CAMPBELL MGR 04/30/2009

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