

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010580

FILED
Apr 30, 2009
Secretary of State

Entity Name: CRITTENDEN PROPERTIES I, LLC

Current Principal Place of Business:

1523 N. YOUNG BLVD.
CHIEFLAND, FL 32626

New Principal Place of Business:

Current Mailing Address:

1523 N. YOUNG BLVD.
CHIEFLAND, FL 32626

New Mailing Address:

FEI Number: 20-1055588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY, STE. 107
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

WATSON, TODD
12276 SAN JOSE BLVD
JACKSONVILLE, FL 32223 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRITTENDEN, THOMAS J III
Address: 1523 N. YOUNG BLVD.
City-St-Zip: CHIEFLAND, FL 32626

Title: MGR () Delete
Name: HORNE, BRANDY
Address: 1523 N. YOUNG BLVD.
City-St-Zip: CHIEFLAND, FL 32626

Title: MGR () Delete
Name: CRITTENDEN, THOMAS J IV
Address: 1523 N. YOUNG BLVD.
City-St-Zip: CHIEFLAND, FL 32626

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: BRANDY HORNE

MGR

04/30/2009

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