

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014743

FILED
Apr 28, 2009
Secretary of State

Entity Name: DEERING PROPERTIES, L.L.C.

Current Principal Place of Business:

7290 SW 168 ST
G
VILLAGE OF PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

7290 SW 168 ST
G
VILLAGE OF PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 75-3066055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, WILLIAM P JR. ESQ
9300 S. DADELAND BLVD.
SUITE 308
MIAMI, FL 33156 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: FRASER, LEWIS
Address: 7290 SW 168 ST. SUITE G
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: S () Delete
Name: FRASER, LEWIS A II
Address: 7290 SW 168 ST. SUITE G
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33157

Title: S () Delete
Name: HARRIS, WILLIAM P
Address: 9300 SO DADELAND BLVD #308
City-St-Zip: MIAMI, FL 33156

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: LEWIS A. FRASER

MGRM

04/28/2009

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