

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017388

FILED
Feb 23, 2009
Secretary of State

Entity Name: THURMAN PROPERTY LLC

Current Principal Place of Business:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135

New Principal Place of Business:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135

New Mailing Address:

8000 HEALTH CENTER BLVD
SUITE 300
BONITA SPRINGS, FL 34135 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL 34103 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: SCHULTZ, DOROTHY M
Address: 8000 HEALTH CENTER BLVD SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHULTZ, DOROTHY M
Address: 8000 HEALTH CENTER BLVD SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: DOROTY M SCHULTZ MGRM 02/23/2009

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