

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021426

FILED
Mar 12, 2009
Secretary of State

Entity Name: ZEPHYRHILLS PROPERTIES,LLC

Current Principal Place of Business:

11310 GRANDVIEW DRIVE
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 580
ZEPHYRHILLS, FL 335390580

New Mailing Address:

FEI Number: 11-3648546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALI, KHAN U
11310 GRANDVIEW DRIVE
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

MALIK, ARSHAD M
1420 WYLIE CT
WESLEY CHAPEL, FL 33543 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: ARSHAD M. MALIK

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHAN, WALI U
Address: 11310 GRANDVIEW DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: MGR () Delete
Name: SAFDAR, SYED A
Address: 9305 CYPRESS BEND DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGR () Delete
Name: NENSEY, YAWER M
Address: 8932 MAGNOLIA CIR
City-St-Zip: TAMPA, FL 33647

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: ARSHAD M. MALIK

MGR

03/12/2009

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