

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024220

Entity Name: DOWNS REALTY, LLC

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

2050 S PATRICK DR
SUITE B
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

563 W EAU GALLIE BLVD
MELBOURNE, FL 32935

Current Mailing Address:

2050 S PATRICK DR
SUITE B
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

PO BOX 361283
MELBOURNE, FL 329361283

FEI Number: 00-8547826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOWNS, THOMAS M
20250 S PATRICK DR.
INDIAN HARBOUR BEACH, FL 32437 US

Name and Address of New Registered Agent:

DOWNS, THOMAS M
563 W EAU GALLIE BLVD
MELBOURNE, FL 32935 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:

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DOWNS, THOMAS M
Address: 2050 S PATRICK DR, STE B
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: VP (X) Delete
Name: JASON, STEELE
Address: 2050 S PATICK DR, STE B
City-St-Zip: INDIAN HARBOUR BECH, FL 32937

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: DOWNS, THOMAS M
Address: PO BOX 361283
City-St-Zip: MELBOURNE, FL 329361283

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: THOMAS DOWNS

P

04/17/2009

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