2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027883

Entity Name: E. BRUCE STRAYHORN P.L.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2125 FIRST STREET 2125 FIRST STREET SUITE 200 SUITE 201

FORT MYERS, FL 33901 FORT MYERS, FL 33901

Current Mailing Address: New Mailing Address:

2125 FIRST STREET 2125 FIRST STREET

SUITE 200 SUITE 201

FORT MYERS, FL 33901 FORT MYERS, FL 33901

FEI Number: 03-0508903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STRAYHORN, E. BRUCE STRAYHORN, E. BRUCE 2125 FIRST STREET 2125 FIRST STREET

SUITE 200 SUITE 201

FORT MYERS, FL 33901 US FORT MYERS, FL 33901 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: 04/09/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition STRAYHORN, E. BRUCE STRAYHORN, E. BRUCE Name: Name:

Address: 2125 FIRST STREET, SUITE 200 Address: 2125 FIRST STREET, SUITE 201 City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901

Title: MGR () Delete Title: () Change () Addition

Name: GLENN, LAURA L Name: Address: 2125 FIRST STREET, SUITE 201 Address: City-St-Zip: FORT MYERS, FL 33901 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: LAURA L. GLENN 04/09/2009