

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032011

FILED
Feb 13, 2009
Secretary of State

Entity Name: CIRCLE-T PROPERTY MANAGEMENT L.L.C.

Current Principal Place of Business:

9601 SW CITRUS BOULEVARD
INDIAN TOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

PO BOX 801
INDIAN TOWN, FL 34956

New Mailing Address:

FEI Number: 01-0756278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSEN, BORIS
150 SE 2ND AVENUE STE. 1200
MIAMI, FL 33131 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: TROUP, WILLIAM J
Address: 9601 CITRUS BLVD
City-St-Zip: INDIANTOWN, FL 34956

Title: MGRM () Delete
Name: TROUP, LANCE K
Address: 924 S ALAHAMBRA CIRCLE
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES:

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: WILLIAM J TROUP

MGRM

02/13/2009

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