

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006798

FILED
Jan 21, 2009
Secretary of State

Entity Name: HENDRY COUNTY REALTY INVESTORS, LLC

Current Principal Place of Business:

P.O. BOX 490
90 YEOMANS AVE.
LABELLE, FL 33975

New Principal Place of Business:

90 YEOMANS AVENUE
LABELLE, FL 33935 US

Current Mailing Address:

P.O. BOX 490
90 YEOMANS AVE.
LABELLE, FL 33975

New Mailing Address:

P.O. BOX 490
LABELLE, FL 33975 US

FEI Number: 56-2316660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOY, JOHN B JR.
401 S.W. OWEN AVE.
CLEWISTON, FL 33440 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: J&K INVESTMENTS OF LABELLE, LLC.
Address: P.O. BOX 490
City-St-Zip: LABELLE, FL 33975

Title: MGRM () Delete
Name: B&K REALTY OF LABELLE, LLC
Address: P.O. BOX 490
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: J&K INVESTMENTS OF LABELLE, LLC.
Address: P.O. BOX 490
City-St-Zip: LABELLE, FL 33975 US

Title: MGRM (X) Change () Addition
Name: B&K REALTY OF LABELLE, LLC
Address: P.O. BOX 490
City-St-Zip: LABELLE, FL 33975 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: JOHN B. BOY, JR.

MGR

01/21/2009

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