2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L03000015724

Entity Name: S & P PROPERTIES OF CENTRAL FLORIDA, L.L.C.

Current Principal Place of Business:

195 AVENUE A, N.W.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

195 AVENUE A, N.W.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 56-2357187 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRINER, PHILLIP
195 AVENUE A, N.W.
WINTER HAVEN, FL 33881 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: V ( ) Delete
Name: OWENS, SHARRON G
Address: 195 AVE A N.W.
City-St-Zip: WINTER HAVEN, FL 33881

Title: P ( ) Delete
Name: GRINER, PHILLIP B
Address: 7030 HATCHINEHA ROAD
City-St-Zip: HAINES CITY, FL 33844\

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: SHARRON G. OWENS V 04/22/2009

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