2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# L03000019856

Entity Name: S & L PROPERTIES, L.L.C.

Current Principal Place of Business:

1728 SOGGY BOTTOM TRL
PLANT CITY, FL 33565

New Principal Place of Business:

1907 MASTERS WAY
PLANT CITY, FL 33566

Current Mailing Address:

1728 SOGGY BOTTOM TRL
PLANT CITY, FL 33565

New Mailing Address:

1907 MASTERS WAY
PLANT CITY, FL 33566

FEI Number: 83-0360923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATCHER, LONNIE S JR
1728 SOGGY BOTTOM TRAIL
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

HATCHER, LONNIE S JR
1907 MASTERS WAY
PLANT CITY, FL 33566 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: 02/25/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HATCHER, LONNIE S JR
Address: 1728 SOGGY BOTTOM TRAIL
City-St-Zip: PLANT CITY, FL 33565

Title: MGR ( ) Delete
Name: JOHNSON, SCOTT
Address: 4110 SW 12TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HATCHER, LONNIE S JR
Address: 1907 MASTERS WAY
City-St-Zip: PLANT CITY, FL 33566

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: LONNIE S. HATCHER JR. MGR 02/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date