

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020109

FILED
Mar 20, 2009
Secretary of State

Entity Name: GREAT FLORIDA PROPERTIES L.L.C.

Current Principal Place of Business:

955 S. FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994

New Principal Place of Business:

955 SE FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994

Current Mailing Address:

955 S. FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994

New Mailing Address:

955 SE FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994

FEI Number: 56-2367390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEERBHAI, IQBAL H
1034 SW SQUIRE JOHNS LANE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

PEERBHAI, IQBAL H
82 SW PALM COVE DRIVE
PALM CITY, FL 34990 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: PEERBHAI, IKE J P
Address: 1034 SW SQUIRE JOHNS LANE
City-St-Zip: PALM CITY, FL 34990

Title: V () Delete
Name: BUCK, ELLSWORTH A V
Address: 118 SW AIRVIEW AVE
City-St-Zip: PORT ST. LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: PEERBHAI, IKE J P
Address: 82 SW PALM COVE DRIVE
City-St-Zip: PALM CITY, FL 34990

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: ELLSWORTH BUCK

V

03/20/2009

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