

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026896

FILED
Apr 29, 2009
Secretary of State

Entity Name: TALCOR PROPERTIES, LLC

Current Principal Place of Business:

1018 THOMASVILLE ROAD
SUITE 200A
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1018 THOMASVILLE ROAD
SUITE 200A
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 20-0155516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURRAY, E. EDWARD JR.
1018 THOMASVILLE ROAD
SUITE 200A
TALLAHASSEE, FL 32303 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: MURRAY, E. EDWARD JR.
Address: 1018 THOMASVILLE ROAD, SUITE 200-A
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: LANGSTON, FRANK L
Address: 1018 THOMASVILLE RD, STE 200-A
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: JACKSON, RICHARD R
Address: 1018 THOMASVILLE RD, STE 200-A
City-St-Zip: TALLAHASSEE, FL 32303 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: E. EDWARD MURRAY, JR.

MGRM

04/29/2009

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