

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000036651

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: PERDUE-ELLISOR PROPERTIES, L.L.C.

**Current Principal Place of Business:**

3157 CHAIN LAKES RD  
CHIPLEY, FL 32428

**New Principal Place of Business:**

**Current Mailing Address:**

3157 CHAIN LAKES RD  
CHIPLEY, FL 32428

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, WILLIAM S  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547 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: PERDUE, VERNON W  
Address: 3157 CHAIN LAKE ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete  
Name: PERDUE, MARTHA J  
Address: 3157 CHAIN LAKE ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete  
Name: ELLISOR, KIMBERLY P  
Address: 3157 CHAIN LAKE ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: MGRM ( ) Delete  
Name: ELLISOR, ADAM S  
Address: 3157 CHAIN LAKE ROAD  
City-St-Zip: CHIPLEY, FL 32428

**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:

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: VERNON WAYNE PERDUE

MGRM

03/23/2009

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