

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000036651

**FILED**  
**Mar 22, 2010**  
**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  
Name: PERDUE, VERNON W  
Address: 3157 CHAIN LAKE ROAD  
City-St-Zip: CHIPLEY, FL 32428

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

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

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

I hereby 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

03/22/2010

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