2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L03000037532

Entity Name: TLT PROPERTIES, LLC

Current Principal Place of Business:

10016 PARK PLACE AVENUE
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

10016 PARK PLACE AVENUE
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 01-0799158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THATCHER, BRYAN S
10016 PARK PLACE
RIVERVIEW, FL 33578 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: THATCHER, SUSAN A
Address: 2111 ISLE OF PALMS DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM ( ) Delete
Name: LUBBERS, DAVID J
Address: 808 WINDGATE COURT
City-St-Zip: VILLA HILLS, KY 410171311

Title: MGR ( ) Delete
Name: BRYAN, THATCHER S
Address: 2111 ISLE OF PALMS
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

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

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

Title: OMGR (X) Change ( ) Addition
Name: BRYAN, THATCHER S
Address: 2111 ISLE OF PALMS
City-St-Zip: VALRICO, FL 33594

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: BRYAN THATCHER OMGR 03/26/2009

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