2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L03000042192

Entity Name: LINES PROPERTIES, LLC

Current Principal Place of Business:

8400 S.W. FOX BROWN RD
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

8400 S.W. FOX BROWN RD
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 56-6631797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONATHAN J. LICHTMAN, P.A.
20283 STATE RD.7
SUITE 300
BOCA RATON, FL 33498 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: MGR ( ) Delete
Name: LINES, BOBBY G
Address: 8400 S.W. FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956

Title: MGR ( ) Delete
Name: LINES, RACHEL J
Address: 8400 S.W. FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956

Title: MGR ( ) Delete
Name: LINES, ROBERT B
Address: 8400 S.W. FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956

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: BOBBY G. LINES MGR 01/15/2009

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