

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009379

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: DOGWOOD PROPERTY GROUP, LLC

## Current Principal Place of Business:

3837 KILLEARN COURT  
SUITE A  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

3837 KILLEARN COURT  
SUITE A  
TALLAHASSEE, FL 32309

## New Mailing Address:

FEI Number: 20-0701050

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSSELL, JOHN A  
8114 HOLLY RIDGE TRAIL  
TALLAHASSEE, FL 32312 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: ASBURY, TOM  
Address: 3837 KILLEARN COURT,, SUITE A  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: RUSSELL, JOHN A  
Address: 8114 HOLLY RIDGE TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: HARTSFIELD, R. INMAN  
Address: 5076 TALLOW POINT ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

## 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: R. INMAN HARTSFIELD

MGR

04/16/2009

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