2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000012679

Entity Name: CANNON HILL GROUP, L.L.C.

Current Principal Place of Business:

897 BARCARMIL WAY
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 112589
NAPLES, FL 341080145 US

New Mailing Address:

FEI Number: 56-2436186 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DEGNAN, BRIAN T ESQ.
1221 BRICKELL AVE.
MIAMI, FL 33131 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: DEGNAN, DENNIS M JR.
Address: P.O. BOX 112589
City-St-Zip: NAPLES, FL 341080145 US

Title: MGR ( ) Delete
Name: DEGNAN, DENNIS M SR.
Address: P.O. BOX 112589
City-St-Zip: NAPLES, FL 341080145 US

Title: MGR ( ) Delete
Name: DEGNAN, SUZANNE
Address: P.O. BOX 112589
City-St-Zip: NAPLES, FL 341080145 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: DEGNAN, SUZANNE E
Address: P.O. BOX 112589
City-St-Zip: NAPLES, FL 341080145 US

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: SUZANNE E. DEGNAN MGR 04/28/2009

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