## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023386

Entity Name: SOLUTION PROPERTIES, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
oarrent i interpar i tace of basi	11000.	i illioipai i lace di Da.	JIII ~ JJ.

2900 E. ROBINSON STREET ORLANDO, FL 32803 US

Current Mailing Address: New Mailing Address:

2900 E. ROBINSON STREET PO BOX 536934

ORLANDO, FL 32803 US ORLANDO, FL 328536934 US

FEI Number: 20-0909938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STANTON, A.J. III SOLUTION PROPERTY, LLC 390 N. ORANGE AVE. 2900 E ROBINSON STREET SUITE 260 ORLANDO, FL 32801 US

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: LONNY A MEAD 04/14/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MEAD, LONNY A MR
 Name:

 Address:
 1832 WINDING OAKS DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, CHARLES C MR
 Name:

 Address:
 13849 BLUEBIRD POND RD.
 Address:

 City-St-Zip:
 WINDEMERE, FL 34786 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 LOTT, JAMES E MR
 Name:

 Address:
 453 KEHOE BLVD
 Address:

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name:LILLY, MARVIN A MRName:LILLY, MARVIN A MRAddress:4750 HOPESPRING DRIVEAddress:5565 FLORENCE HARBORCity-St-Zip:ORLANDO, FL 32822 USCity-St-Zip:ORLANDO, FL 32829 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: LONNY A MEAD MGRM 04/14/2009