

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024206

FILED
Apr 29, 2009
Secretary of State

Entity Name: FOLDES PROPERTIES, L.L.C.

Current Principal Place of Business:

C/O PORGES HAMLIN KNOWLES AND PROUTY, PA
1205 MANATEE AVE. WEST
BRADENTON, FL 34205

New Principal Place of Business:

770 PALM AVENUE SOUTH #1201
SARASOTA, FL 34236

Current Mailing Address:

JOSEPH L NAJMY, ESQ-PORGES HAMLIN KNOWLES
1205 MANATEE AVE WEST
BRADENTON, FL 34205

New Mailing Address:

770 PALM AVENUE SOUTH #1201
SARASOTA, FL 34236

FEI Number: 20-0869015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLDES, WENDY K
%PORGES HAMLIN KNOWLES PROUTY-JOSEPH NAJMY
1205 MANATEE AVE. WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

FOLDES, WENDY K
770 PALM AVENUE SOUTH #1201
SARASOTA, FL 34236 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: WENDY KAY FOLDES

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOLDES, WENDY K
Address: 1205 MANATEE AVENUE WEST
City-St-Zip: BRADENTON, FL 34207 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOLDES, WENDY K
Address: 770 PALM AVENUE SOUTH #1201
City-St-Zip: SARASOTA, FL 34236 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: WENDY KAY FOLDES

MGRM

04/29/2009

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