## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000030910

Entity Name: CORNER PARCEL AT 40, L.L.C.

**FILED** Apr 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3007 LEMON STREET 910 N. EXCELDA AVE. TAMPA, FL 33609 TAMPA, FL 33609

**Current Mailing Address: New Mailing Address:** 

3007 LEMON STREET 910 N. EXCELDA AVE TAMPA, FL 33609 TAMPA, FL 33609 ÙS

FEI Number: 51-0510195 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:

WILLIAMS, WILBERT WILLIAMS, WILBERT 3007 LEMÓN STREET 910 N. EXĆELDA AVE TAMPA, FL 33609 TAMPA, FL 33609

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: 04/18/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

## ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete WILLIAMS, WILBERT WILLIAMS, WILBERT Name: Name:

3007 LEMON STREET Address: 910 N. EXCELDA AVE. Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

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

Name: WILLIAMS, JUANITA Name: WILLIAMS, JUANITA Address: 3007 LEMON STREET Address: 910 N. EXCELDA AVE. City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609 US

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

BARNES, MARYA F BARNES, MARYA F Name: Name: 1758 CLAYHILL POINTE Address: 1758 CLAYHILL POINTE Address: City-St-Zip: MARIETTA, GA 30064 City-St-Zip: MARIETTA, GA 30064 US

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

Name: WILLIAMS, CHANDRA D Name: WILLIAMS, CHANDRA D 1094 CREATWOOD PLACE 1094 CREATWOOD PLACE Address: Address: City-St-Zip: SMYRNA, GA 30080 City-St-Zip: SMYRNA, GA 30080 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: WILBERT WILLIAMS 04/18/2009