2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L04000032309

Entity Name: MOULTRIE BLUFF PLAZA, LLC

Current Principal Place of Business:

C/O TIM FORD
1100-4 PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

29 BERMUDA RUN
SAINT AUGUSTINE, FL 32080

New Mailing Address:

FEI Number: 20-1319128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, TIM
1100-4 PONCE DE LEON BLVD
ST AUGUSTINE, FL 32084 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: FORD, TIM
Address: 721 A1A BEACH BLVD #3
City-St-Zip: ST AUGUSTINE, FL 320806737

Title: MGR ( ) Delete
Name: LAURENCE, ROBERT J L
Address: 101 BILBAO DRIVE
City-St-Zip: ST AUGUSINE, FL 32086

ADDITIONS/CHANGES:

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: TIM FORD MGR 04/15/2009

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