2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000040333

Entity Name: TALL PINES, LLC

Current Principal Place of Business:

115 1/2 E. INDIANA AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 457
DELAND, FL 327210457

New Mailing Address:

FEI Number: 20-2498097 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, F.A. JR
145 E. RICH AVENUE STE. C
DELAND, FL 327210048 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, F.A. JR	
Address:	145 E. RICH AVENUE STE C	
City-St-Zip:	DELAND, FL 327210048	
Title:	MGRM	( ) Delete
Name:	WILLIAMS, ELIZABETH F	
Address:	509 WEST NEW YORK AVENUE	
City-St-Zip:	DELAND, FL 32720 US	
Title:	MGRM	( ) Delete
Name:	WERTH, BARBARA V	
Address:	1000 NORTH FLORIDA AVENUE	
City-St-Zip:	DELAND, FL 32720 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: ELIZABETH F WILLIAMS MGRM 04/28/2009

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