2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2008
Secretary of State

DOCUMENT# L04000047189

Entity Name: POSTAL ANNEX+ #4009, LLC

Current Principal Place of Business:

4583 ST JOHN'S PARKWAY
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

4583 ST JOHN'S PARKWAY
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 51-0512149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVEN, MOONEY
4583 ST. JOHN'S PARKWAY
SANFORD, FL 32771 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: MOONEY, STEVEN G
Address: 2582 SALTERS COURT
City-St-Zip: DELTONA, FL 32738 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: HELWIG, STEVEN M
Address: 5714 AUTUMN CHASE CIR
City-St-Zip: SANFORD, FL 32773

Title: MGR ( ) Change (X) Addition
Name: HOMAN, THOMAS E
Address: 1361 WAYNE AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: THOMAS E HOMAN MGR 05/21/2008

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