

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051013

FILED
Mar 02, 2009
Secretary of State

Entity Name: PLUM RIVER PROPERTIES, LLC

Current Principal Place of Business:

545 DELANEY AVENUE, BLDG. #3
ORLANDO, FL 32801

New Principal Place of Business:

545 DELANEY AVENUE,
SUITE 9
ORLANDO, FL 32801

Current Mailing Address:

545 DELANEY AVENUE, BLDG. #3
ORLANDO, FL 32801

New Mailing Address:

545 DELANEY AVENUE,
SUITE 9
ORLANDO, FL 32801

FEI Number: 20-1351272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEFFLER, TIM
545 DELANEY AVE
BLDG 9
ORLANDO, FL 32801 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: MGRM () Delete
Name: LEFFLER, TIM M.
Address: 545 DELANEY AVE. BLDG. #3
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: HEANEY, SEAN
Address: 545 DELANEY AVE # 3
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: EDWARDS, PHILLIP A.
Address: 545 DELANEY AVE. # 3
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: GRANDSTAFF, BRIAN
Address: 545 DELANEY AVE # 3
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: ETCHINSON, MIKE
Address: 545 DLANEY AVE # 3
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEFFLER, TIM M.
Address: 545 DELANEY AVE. SUITE 9
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change () Addition
Name: HEANEY, SEAN
Address: 545 DELANEY AVE , SUITE #9
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change () Addition
Name: EDWARDS, PHILLIP A.
Address: 545 DELANEY AVE. SUITE # 9
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change () Addition
Name: GRANDSTAFF, BRIAN
Address: 545 DELANEY AVE SUITE # 9
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change () Addition
Name: ETCHINSON, MIKE
Address: 545 DLANEY AVE SUITE #9
City-St-Zip: ORLANDO, FL 32801

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 LEFFLER

PRES

03/02/2009

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