2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2009
Secretary of State

DOCUMENT# L04000058359

Entity Name: EDWARD C. SAMMONS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
7227 CLEOPATRA DRIVE LAND O" LAKES, FL 34637	940 NE 82ND STREET MIAMI, FL 33138

Current Mailing Address:	**New Mailing Address:**
7227 CLEOPATRA DRIVE LAND O" LAKES, FL 34637	940 NE 82ND STREET MIAMI, FL 33138

FEI Number: 40-1524089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:	**Name and Address of New Registered Agent:**
SAMMONS, EDWARD C 7227 CLEOPATRA DRIVE LAND O LAKES, FL 34637 US	SAMMONS, EDWARD C 940 NE 82ND STREET MIAMI, FL 33138 US

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: ______________________________ 05/10/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:		**ADDITIONS/CHANGES:**	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	SAMMONS, EDWARD C	Name:	SAMMONS, EDWARD C
Address:	7227 CLEOPATRA DRIVE	Address:	940 NE 82ND STREET
City-St-Zip:	LAND O LAKES, FL 34637	City-St-Zip:	MIAMI, FL 33138

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: EDWARD C. SAMMONS MGRM 05/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date