

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061056

FILED
Jan 15, 2009
Secretary of State

Entity Name: TROTZALE PROPERTIES, LLC

Current Principal Place of Business:

300 RIVERSIDE DR EAST
SUITE 2010
BRADENTON, FL 34208

New Principal Place of Business:

5715 21ST AVE W
BRADENTON, FL 34209

Current Mailing Address:

1829 AMBERWYND CIRCLE W
PALMETTO, FL 34221

New Mailing Address:

5715 21ST AVE W
BRADENTON, FL 34209

FEI Number: 20-2092539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTMAN, BRUCE W
300 RIVERSIDE DR EAST
SUITE 2010
BRADENTON, FL 34208 US

Name and Address of New Registered Agent:

TROTMAN, BRUCE W
5715 21ST AVE W
BRADENTON, FL 34209 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:

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TROTMAN, BRUCE W
Address: 300 RIVERSIDE DR EAST / SUITE 2010
City-St-Zip: BRADENTON, FL 34208 US

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TROTMAN, BRUCE W
Address: 5715 21ST AVE W
City-St-Zip: BRADENTON, FL 34209 US

Title: MGRM () Change (X) Addition
Name: ZALEPUGA, RIMANTAS
Address: 5715 21ST AVE W
City-St-Zip: BRADENTON, FL 34209 US

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: BRUCE W TROTMAN

MGR

01/15/2009

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