

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061738

FILED
Mar 25, 2009
Secretary of State

Entity Name: LECANTO TOWN CENTER LLC

Current Principal Place of Business:

9625 WES KEARNEY WAY
TAMPA, FL 33619

New Principal Place of Business:

5115 JOANNE KEARNEY BLVD.
TAMPA, FL 33619

Current Mailing Address:

PO BOX 5299
TAMPA, FL 33675

New Mailing Address:

FEI Number: 20-1515483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, JAMES M
5115 JOANNE KEARNEY BLVD
TAMPA, FL 33619 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: HARRIS, TRACY J JR
Address: 5115 JOANNE KEARNEY BLVD
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: KEARNEY, BING W JR
Address: 5115 JOANNE KEARNEY BLVD
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

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: BING KEARNEY

MGR

03/25/2009

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