2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066534

Entity Name: FLETCHER PROPERTIES, LLC

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1520 THIDTY THIDD AVE	

1530 THIRTY THIRD AVE. FT. LAUDERDALE, FL 33311 US

Current Mailing Address: New Mailing Address:

12735 ARCHMONT TRACE
MILTON, GA 30004 US

12735 ARCHMONT TRACE
MILTON, GA 30009 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLETCHER, CECIL A 1530 THIRTY THIRD AVE FT. LAUDERDALE, FL 33311 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 FLETCHER, CECIL A
 Name:
 FLETCHER, CECIL A

 Address:
 12735 ARCHMONT TRACE
 Address:
 12735 ARCHMONT TRACE

 City-St-Zip:
 MILTON, GA 30004
 City-St-Zip:
 MILTON, GA 30009

Title: D () Delete Title: D (X) Change () Addition
Name: FLETCHER, CECIL
Address: 12735 ARCHMONT TRACE
Address: 12735 ARCHMONT TRACE

Address: 12735 ARCHMONT TRACE
City-St-Zip: MILTON, GA 30004

Address: 12735 ARCHMONT TRACE
City-St-Zip: MILTON, GA 30009

MILTON, GA 30009

Title: V () Delete Title: () Change () Addition

 Name:
 FLETCHER, WESLEY
 Name:

 Address:
 563 ST. JOHN PLACE
 Address:

 City-St-Zip:
 INGLEWOOD, CA 90301
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SHELTON, SOJOURN
 Name:
 SHELTON, SOJOURN

 Address:
 12735 ARCHMONT TRACE
 Address:
 12735 ARCHMONT TRACE

 City-St-Zip:
 MILTON, GA 30004
 City-St-Zip:
 MILTON, GA 30009

Title: T () Delete Title: () Change () Addition

 Name:
 FLETCHER, NANCY
 Name:

 Address:
 563 ST. JOHN PLACE
 Address:

 City-St-Zip:
 INGLEWOOD, CA 90301
 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: CECIL A FLETCHER D 02/23/2009