

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069455

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: HUSTON PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 941342  
MAITLAND, FL 32794

**New Principal Place of Business:**

570 STONE ISLAND RD  
ENTERPRISE, FL 32725

**Current Mailing Address:**

P.O. BOX 941342  
MAITLAND, FL 32794

**New Mailing Address:**

P.O. BOX 4357  
ENTERPRISE, FL 32725

FEI Number: 20-1672373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MEIER, GREGORY W ESQ.  
SHUFFIELDLOWMAN  
1000 LEGION PLACE, SUITE 1700  
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: HUSTON, JERI J  
Address: 1475 WARRIOR TRAIL  
City-St-Zip: ENTERPRISE, FL 32725

Title: VP ( ) Delete  
Name: HUSTON, MATT  
Address: 386 MOHAVE TERR  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HUSTON, JERI J  
Address: 570 STONE ISLAND RD.  
City-St-Zip: ENTERPRISE, FL 32725

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: JERI J. HUSTON

MGRM

03/27/2009

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