

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072709

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** STAGHORN PROPERTIES, LLC

**Current Principal Place of Business:**

1205 SW MALAGA AVENUE  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

390 SW CESSNA CT  
LAKE CITY, FL 32025 US

**Current Mailing Address:**

1205 SW MALAGA AVENUE  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

390 SW CESSNA CT  
LAKE CITY, FL 32025 US

FEI Number: 20-2812205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE, STE. 1100  
WEST PALM BEACH, FL 33401 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: SUNWARD PROPERTIES,, INC.  
Address: 1205 SW MALAGA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SUNWARD PROPERTIES,, INC.  
Address: 390 SW CESSNA CT  
City-St-Zip: LAKE CITY, FL 32025

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: FREDRICK J.H. ELFERS

D

01/08/2009

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