2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083745

Entity Name: CONDIT & RICE PROPERTIES LLC

5255 STEVEHAVEN LANE

CUMMING, GA 30028

Address:

City-St-Zip:

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 456 TOLEDO ST SEBASTIAN, FL 32958 **Current Mailing Address: New Mailing Address:** 456 TOLEDO ST SEBASTIAN, FL 32958 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: CONDIT, JOHN GILBERT 456 TOLEDO ST SEBASTIAN, FL 32958 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: () Change () Addition () Delete CONDIT, JOHN GILBERT Name: Name: Address: 456 TOLEDO ST Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CONDIT, LINDA C Name: Address: 456 TOLEDO ST Address: City-St-Zip: SEBASTIAN, FL 32958 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition RICE, DAVID A Name: Name: 5255 STEVEHAVEN LANE Address: Address: City-St-Zip: CUMMING, GA 30028 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition RICE, JANE C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: JOHN GILBERT CONDIT MGR 03/20/2009