

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088088

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: FLORIDA GULF PROPERTIES, LLC

**Current Principal Place of Business:**

7520 WESTPARK PLACE  
PALMETTO, FL 34221

**New Principal Place of Business:**

**Current Mailing Address:**

7520 WESTPARK PLACE  
PALMETTO, FL 34221

**New Mailing Address:**

FEI Number: 20-2323346

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCORMICK, ROBERT  
211 FOUR KNOT LANE  
OSPREY, FL 34229 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: MGR ( ) Delete  
Name: FLECK, CARL M  
Address: 1040 MARYLAND AVE  
City-St-Zip: DOLTON, IL 60419

Title: MGR ( ) Delete  
Name: CUTSHALL, CAROL  
Address: 7720 FM 1960 EAST  
City-St-Zip: HUMBLE, TX 77346

Title: MGRM ( ) Delete  
Name: MCCORMICK, ROBERT P  
Address: 7520 WESTPARK PLACE  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT P MCCORMICK

MGRM

02/04/2009

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