2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# L04000093406

Entity Name: ANNIE & SANTOS PROPERTIES, LLC

Current Principal Place of Business:

3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609

New Mailing Address:

FEI Number: 51-0531734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANE, LIA
3712 WEST CASS ST
SUITE 17
TAMPA, FL 33609 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: LANE, LIA
Address: 3717 WEST TACON STREET
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete
Name: MARGAGLIANO, GREGORY
Address: 4312 W ROLAND STREET
City-St-Zip: TAMPA, FL 33609

Title: MGR ( ) Delete
Name: DUSSIA, EVAN
Address: 7000 DUCK COVE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: JACKSON, JASON
Address: 4312 W ROLAND STREET
City-St-Zip: TAMPA, FL 33609

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: LIA LANE MGR 02/03/2009

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