

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005047

**FILED**  
**Apr 15, 2009**  
**Secretary of State**

**Entity Name:** SANDERS BROTHERS LONGWOOD PROPERTY, LLC

**Current Principal Place of Business:**

750 N. HWY 17-92  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

133 EAST CHURCH AVE  
LONGWOOD, FL 32750

**New Mailing Address:**

**FEI Number:** 20-0634542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STANLEY, NORMA  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 US

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

WALKER, TODD D  
10 WINDSORMERE WAY  
SUITE 200  
OVIEDO, FL 32765 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:** TODD WALKER

04/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** VP ( ) Delete  
**Name:** SANDERS, JR, BOBBY J  
**Address:** 1824 MARSHALL DR  
**City-St-Zip:** LONGWOOD, FL 32750

**Title:** P ( ) Delete  
**Name:** SANDERS, DARRON  
**Address:** 2350 SPRING GARDEN AVE  
**City-St-Zip:** DELAND, FL 32720

**ADDITIONS/CHANGES:**

**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:** DARRON SANDERS

PRES

04/15/2009

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