2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L05000007683

Entity Name: KATOPODIS & COX PROPERTIES, LLC

Current Principal Place of Business:

3842 E. MILLER'S BRIDGE ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

3842 E. MILLER'S BRIDGE ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-2216538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLDBERG, STUART E ESQ.
2039 CENTRE POINTE BLVD., SUITE 201
TALLAHASSEE, FL 32308 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: KATOPODIS, JOHN N M.D.
Address: 3842 E. MILLER'S BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: COX, MARILYN M M.D.
Address: 3842 E. MILLER'S BRIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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: STUART E. GOLDBERG RA 04/20/2009

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