2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L05000008734

Entity Name: FUGATE LAND HOLDINGS, LLC

Current Principal Place of Business:

2639 LIBERTY BLVD.
KISSIMMEE, FL 34741

New Principal Place of Business:

670 BASIN DR.
KISSIMMEE, FL 34744

Current Mailing Address:

2639 LIBERTY BLVD.
KISSIMMEE, FL 34741

New Mailing Address:

670 BASIN DR.
KISSIMMEE, FL 34744

FEI Number: 20-2286439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUGATE, SUSAN B
2639 LIBERTY BLVD.
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

FUGATE, SUSAN B
670 BASIN DR.
KISSIMMEE, FL 34744 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: 03/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FUGATE, WILLIAM B
Address: 2639 LIBERTY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR ( ) Delete
Name: FUGATE, SUSAN B
Address: 2639 LIBERTY BLVD.
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FUGATE, WILLIAM B
Address: 670 BASIN DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR (X) Change ( ) Addition
Name: FUGATE, SUSAN B
Address: 670 BASIN DR.
City-St-Zip: KISSIMMEE, FL 34744 US

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: SUSAN B. FUGATE MGR 03/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date