

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009164

Entity Name: ELM SQUARE PROPERTIES, L.L.C.

FILED  
Apr 25, 2009  
Secretary of State

**Current Principal Place of Business:**

122 ELM SQUARE NORTH  
LAKELAND, FL 33813

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7353  
LAKELAND, FL 33807

**New Mailing Address:**

FEI Number: 90-0216425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KUNIN, MARIA C  
122 ELM SQUARE NORTH  
LAKELAND, FL 33813 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: KUNIN, MARIA C  
Address: 122 ELM SQUARE NORTH  
City-St-Zip: LAKELAND, FL 33813

Title: MGR ( ) Delete  
Name: CODD, CARLA B  
Address: 116 ELM SQUARE NORTH  
City-St-Zip: LAKELAND, FL 33813

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: CODD, CARLA B  
Address: 89 SHADOW LANE  
City-St-Zip: LAKELAND, FL 33813

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: CARLA CODD

MGR

04/25/2009

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