

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018215

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: AMERAUS PROPERTIES, LLC

## Current Principal Place of Business:

2203 N. LOIS AVE.  
M600  
TAMPA, FL 33607

## New Principal Place of Business:

## Current Mailing Address:

2203 N. LOIS AVE.  
M600  
TAMPA, FL 33607

## New Mailing Address:

FEI Number: 20-2347383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, GIGI  
3396 STERLING RIDGE CT.  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

FERNANDEZ, GIGI  
15 BROOK CREST WAY  
ORMOND BEACH, FL 32174 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: GIGI FERNANDEZ

03/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FERNANDEZ, GIGI  
Address: 3396 STERLING RIDGE CT.  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: STUBBS, RENNAE  
Address: 3225 S. MACDILL AVE. #129-285  
City-St-Zip: TAMPA, FL 33629

Title: MGRM ( ) Delete  
Name: GEDDES, JANE  
Address: 3396 STERLING RIDGE CT.  
City-St-Zip: LONGWOOD, FL 32779

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FERNANDEZ, GIGI  
Address: 15 BROOK CREST WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: MGRM (X) Change ( ) Addition  
Name: GEDDES, JANE  
Address: 15 BROOK CREST WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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: GIGI FERNANDEZ

MGR

03/13/2009

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