

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030092

Entity Name: CIRQUE PROPERTIES, LLC

FILED
May 26, 2009
Secretary of State

Current Principal Place of Business:

1516 CROSSING WAY
AUBURN, AL 36830

New Principal Place of Business:

2603 DANBURY DRIVE
AUBURN, AL 36830

Current Mailing Address:

1516 CROSSING WAY
AUBURN, AL 36830

New Mailing Address:

2603 DANBURY DRIVE
AUBURN, AL 36830

FEI Number: 20-4409157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAM S. HOWELL, JR., J.D., P.A.
1727 S. CO. HWY 393
SANTA ROSA BEACH, FL 32459 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: TUBERVILLE, THOMAS H
Address: 1516 CROSSING WAY
City-St-Zip: AUBURN, AL 36830 US

Title: MGRM () Delete
Name: NORTHSTAR AIR, LLC
Address: PO BOX 3040
City-St-Zip: KINGSHILL, VI 00851 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUBERVILLE, THOMAS H
Address: 2603 DANBURY DRIVE
City-St-Zip: AUBURN, AL 36830 US

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: THOMAS TUBBERVILLE

MGRM

05/26/2009

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