2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2009
Secretary of State

DOCUMENT# L05000045150

Entity Name: JUDES BUILDING, LLC

Current Principal Place of Business:

6161 HIDDEN OAKS LANE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

6161 HIDDEN OAKS LANE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 20-2828957 **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:

SIESKY, JAMES H
1000 TAMIAMI TRAIL N.
SUITE 201
NAPLES, FL 34102 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:	WALKER, ROBERT C	
Address:	2171 OAKS BOULEVARD	
City-St-Zip:	NAPLES, FL 34117 US	
Title:	MGRM	( ) Delete
Name:	WALKER, JUDITH E	
Address:	2171 OAKS BOULEVARD	
City-St-Zip:	NAPLES, FL 34117 US	
Title:	MGRM	( ) Delete
Name:	WALKER, DAVID C	
Address:	6161 HIDDEN OAKS LANE	
City-St-Zip:	NAPLES, FL 34119 US	
Title:	MGRM	( ) Delete
Name:	WALKER, TRACI	
Address:	6161 HIDDEN OAKS LANE	
City-St-Zip:	NAPLES, FL 34119 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TRACI WALKER MRS. 08/04/2009

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