

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046974

Entity Name: TOWNLAKES SQUARE LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

615 WILLIAMS AVE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

PO BOX 1361
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 20-2870314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFUNER, HEINZ S
752 MIRROR LAKES DR.
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

PFUNER, HEINZ S
1458 SCENIC ST
LEHIGH ACRES, FL 33936 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:

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PFUNER, HEINZ S
Address: 752 MIRROR LAKES DR.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: PFUNER, THOMAS W
Address: 1452 SCENIC STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM () Delete
Name: PFUNER, JOHANN
Address: 1458 SCENIC STREET
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PFUNER, HEINZ S
Address: 1458 SCENIC ST
City-St-Zip: LEHIGH ACRES, FL 33936

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: JOHANN PFUNER

MGRM

01/16/2009

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