2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050757

Address:

1202 MASSACHUSETTS AVENUE

City-St-Zip: LYNN HAVEN, FL 32444 US

Entity Name: PITTS FAMILY PROPERTIES LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	EN DRIVE CITY, FL 32404	US		
Current Mailing Address:			New Mailing Address:	
	EN DRIVE CITY, FL 32404	US		
FEI Number	: 20-2877004	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:
	ELS EN DRIVE CITY, FL 32404	US		
	e named entity su e of Florida.	bmits this statement for the	purpose of changing its register	red office or registered agent, or both
SIGNATU	RE:			
	Electronic	Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete PITTS, WILLIAM B 4034 HOBBS LANE PANAMA CITY, FL 32409 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () Delete PITTS, JOEL S 4412 DE LEN DRIVE PANAMA CITY, FL 32404 US		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR () D PITTS, WILLIAM I 7928 OAK VIEW I PANAMA CITY, FI	M DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR () D PITTS, RUSSELL		Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: JOEL STEVEN PITTS P 04/29/2009