

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057556

FILED
Apr 01, 2009
Secretary of State

Entity Name: BOOTSTRAP PROPERTIES, LIMITED LIABILITY COMPANY

Current Principal Place of Business:

17119 PERDIDO KEY DRIVE, #C-34
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

17119 PERDIDO KEY DRIVE, #C-34
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 20-2979372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDSON, ROBERT P
17119 PERDIDO KEY DRIVE, #C-34
PENSACOLA, FL 32507 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: JUDSON, ROBERT P
Address: 17119 PERDIDO KEY DRIVE, #C-34
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: JUDSON, MATTHEW C
Address: 2309 MAPLECREST DR.
City-St-Zip: NASHVILLE, TN 37214

Title: MGRM () Delete
Name: JUDSON, KATHLEEN A
Address: 17119 PERDIDO KEY DRIVE, #C-34
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM () Delete
Name: HERRINGTON, MARY P
Address: 2403 GOLDENROD
City-St-Zip: SARASOTA, FL 34239

Title: MGRM () Delete
Name: JUDSON, MELISSA E
Address: 2309 MAPLECREST DR.
City-St-Zip: NASHVILLE, TN 37214

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:

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: ROBERT P JUDSON

MR

04/01/2009

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