2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000058960

Entity Name: I & L LITCHMORE, LLC

Current Principal Place of Business:

50 WESTMINSTER ST
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

7333 BROOKFIELD ROAD
CHELLENHAM, PA 19012

New Mailing Address:

50 WESTMINSTER STREET N
LEHIGH ACRES, FL 33936

FEI Number: 83-0432133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: LITCHMORE, LOVEN A
Address: 7633 BROOKFIELD RD
City-St-Zip: CHELTENHAM, PA 19012 US

Title: MGRM ( ) Delete
Name: LITCHMORE, ISOLINE V
Address: 7633 BROOKFIELD RD
City-St-Zip: CHELTENHAM, PA 19012 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LITCHMORE, LOVEN A
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGRM (X) Change ( ) Addition
Name: LITCHMORE, ISOLINE V
Address: 50 WESTMINSTER STREET N
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: LOVEN A. LITCHMORE MGRM 04/28/2009

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