2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066469

Address:

City-St-Zip:

136 BERKLEY AVENUE

BELLE MEAD, NJ 08502

Entity Name: TULLAMORE REALTY, LLC

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 483 TULLAMORE LANE NAPLES, FL 341107039 **Current Mailing Address: New Mailing Address:** 483 TULLAMORE LANE NAPLES, FL 341107039 FEI Number: 20-3165070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARLANO, ANN 438 TULLÁMORE LANE NAPLES, FL 341107039 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CARLANO, ANN Name: Name: Address: 483 TULLAMORE LANE Address: City-St-Zip: NAPLES, FL 341107039 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BORMAN, CANDACE Name: Address: 483 TULLAMORE LANE Address: City-St-Zip: NAPLES, FL 341107039 City-St-Zip: Title: MGR () Delete Title: () Change () Addition OLSSON, KENNETH F Name: Name: 136 BERKLEY AVENUE Address: Address: City-St-Zip: BELLE MEAD, NJ 08502 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: OLSSON, JEAN C Name:

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: KENNETH F. OLSSON MGR 01/16/2009