

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071283

FILED
Jan 07, 2009
Secretary of State

Entity Name: L&C PROPERTY MANAGEMENT, LLC.

Current Principal Place of Business:

539 N MILLS AVE
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

539 N MILLS AVE
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 20-3178386 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEW, CHRISTINE
539 N MILLS AVE
ORLANDO, FL 3280 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: LYNCH, TSUEI H
Address: 9409 PALM TREE DR.
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM () Delete
Name: CHRISTINE CHEW FAMIL, Y TRUST
Address: 8748 WITTENWOOD COVE
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM () Delete
Name: HONG ZONG CHEW FAMIL, Y TRUST
Address: 8748 WITTENWOOD COVE
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNCH, TSUEI H
Address: 9409 PALM TREE DR
City-St-Zip: WINDERMERE, FL 34786 US

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: TSUEI H LYNCH

MGRM

01/07/2009

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