2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L05000071496

Entity Name: SHOWTOWN ASSOCIATES PERMIT SERVICE LLC

Current Principal Place of Business:

10904 US 41 SOUTH
GIBSONTON, FL 33534 US

New Principal Place of Business:

Current Mailing Address:

10904 US 41 SOUTH
GIBSONTON, FL 33534 US

New Mailing Address:

FEI Number: 20-3167738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MELVIN, RICHARD A
10904 US 41 SOUTH
GIBSONTON, FL 33534 US

Name and Address of New Registered Agent:

MELVIN, RICHARD A
10904 US HIGHWAY 41 SOUTH
GIBSONTON, FL 33534 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: RICHARD A. MELVIN 04/29/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: OSAK, CHARLES J
Address: 7014 SHOWTEAM DR
City-St-Zip: GIBSONTON, FL 33534

Title: VP ( ) Delete
Name: MELVIN, RICHARD
Address: 10904 US HIGHWAY 41 SOUTH
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: MELVIN, RICHARD A
Address: 10904 US HIGHWAY 41 SOUTH
City-St-Zip: GIBSONTON, FL 33534

Title: VP (X) Change ( ) Addition
Name: MELVIN, SHERRY L
Address: 10904 US HIGHWAY 41 SOUTH
City-St-Zip: GIBSONTON, FL 33534

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: RICHARD A. MELVIN P 04/29/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date