2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L05000073560

Entity Name: TELFORD PROPERTIES I, LLC

Current Principal Place of Business:

651 LONE PALM DR.
LAKELAND, FL 338153414

New Principal Place of Business:

651 LONE PALM DR.
LAKELAND, FL 33815 US

Current Mailing Address:

651 LONE PALM DR.
LAKELAND, FL 338153414

New Mailing Address:

651 LONE PALM DR.
LAKELAND, FL 33815 US

FEI Number: 20-3215101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TELFORD, JOHN H
651 LONE PALM DR.
LAKELAND, FL 338153414 US

Name and Address of New Registered Agent:

TELFORD, JOHN H OWNER
651 LONE PALM DR.
LAKELAND, FL 33815 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: JOHN H. TELFORD 01/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TELFORD, JOHN H
Address: 651 LONE PALM DR.
City-St-Zip: LAKELAND, FL 338153414

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TELFORD, JOHN H OWNER
Address: 651 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815 US

Title: S ( ) Change (X) Addition
Name: TELFORD, BARBARA V OWNER
Address: 651 LONE PALM DR.
City-St-Zip: LAKELAND, FL 33815 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: JOHN H. TELFORD MGRM 01/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date