

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074134

FILED
Feb 03, 2009
Secretary of State

Entity Name: PRINCE PROPERTIES LLC

Current Principal Place of Business:

605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

New Principal Place of Business:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

Current Mailing Address:

605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801

New Mailing Address:

605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801

FEI Number: 20-3853456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 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:

02/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KEARNEY, AUGUSTINE
Address: 605 E. ROBINSON STREET, SUITE 730
City-St-Zip: ORLANDO, FL 32801

Title: VP () Delete
Name: KEARNEY, MICHELE
Address: 605 E. ROBINSON STREET, SUITE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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: MICHELE KEARNEY

VP

02/03/2009

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