2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089782

Current Principal Place of Business:

Entity Name: HATCH PROPERTIES, LLC

DOWLESS, CHARLES H

DOWLESS, VICTORIA A

RIVERVIEW, FL 33569 US

9507 STARLITE DR.

RIVERVIEW, FL 33569 US

() Delete

9507 STARLITE DR.

MGRM

Name: Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Mar 07, 2009 Secretary of State

New Principal Place of Business:

P.O. BOX 12208 16237 KENSINGTON RD. BROOKSVILLE, FL 34603 BROOKSVILLE, FL 34601 US LIS **Current Mailing Address: New Mailing Address:** P.O. BOX 12208 BROOKSVILLE, FL 34603 US FEI Number: 04-3826600 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: DOWLESS, CHRISTOPHER T 16237 KENSINGTON RD BROOKSVILLE, FL 34601 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: MGRM Title: () Change () Addition () Delete DOWLESS, CHRISTOPHER T Name: Name: Address: 16237 KENSINGTON RD. Address: City-St-Zip: BROOKSVILLE, FL 34601 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: DOWLESS, MARYANN Name: Address: 16237 KENSINGTON RD. Address: City-St-Zip: BROOKSVILLE, FL 34601 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: CHRISTOPHER T. DOWLESS MGRM 03/07/2009