

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091161

Entity Name: CITY LINE, LLC

FILED
Feb 24, 2009
Secretary of State

Current Principal Place of Business:

3936 W. NEWBERRY RD
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1045
GAINESVILLE, FL 32602 US

New Mailing Address:

FEI Number: 20-3485233

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMOND, GARY R
5922 S.W. 35TH WAY
GAINESVILLE, FL 32608 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: MGR () Delete
Name: ALMOND, GARY R
Address: P.O. BOX 1045
City-St-Zip: GAINESVILLE, FL 326021045

ADDITIONS/CHANGES:

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: GARY R ALMOND

PRES

02/24/2009

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