

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095887

FILED
Apr 24, 2009
Secretary of State

Entity Name: BEHRENS REALTY OF FLORIDA, L.L.C.

Current Principal Place of Business:

32801 HWY 441 N BOX 284
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

32801 HWY 441 N BOX 284
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 20-3434871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEHRENS, SCOTT
32801 HWY 441 N BOX 284
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

BEHRENS, SCOTT A MGRM
32801 HWY 441 N
APT 284
OKEECHOBEE, FL 34972 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: SCOTT BEHRENS

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEHRENS, SCOTT
Address: 32801 HWY 441 N. BOX 284
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR () Delete
Name: BEHRENS, DARBRA
Address: 32801 HWY 441 N. BOX 284
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEHRENS, SCOTT A MGRM
Address: 32801 HWY 441 N. APT 284
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGR (X) Change () Addition
Name: BEHRENS, DARBRA D MGR
Address: 32801 HWY 441 N. APT 284
City-St-Zip: OKEECHOBEE, FL 34972

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: SCOTT BEHRENS

MGRM

04/24/2009

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