

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096498

FILED
Apr 28, 2009
Secretary of State

Entity Name: PACHOT PROPERTIES LLC

Current Principal Place of Business:

3905 TIMBER TRAIL
ORLANDO, FL 32808 US

New Principal Place of Business:

13431 ZORI LANE
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 681970
ORLANDO, FL 32868 US

New Mailing Address:

13431 ZORI LANE
WINDERMERE, FL 34786 US

FEI Number: 20-3528968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, JACQUELINE L
3905 TIMBER TRAIL
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

ROSA, JACQUELINE L
13431 ZORI LANE
WINDERMERE, FL 34786 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: JACQUELINE ROSA

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, DWIGHT K
Address: P.O. BOX 681970
City-St-Zip: ORLANDO, FL 32868 US

Title: MGR () Delete
Name: ROSA, JACQUELINE L
Address: P.O. BOX 681970
City-St-Zip: ORLANDO, FL 32868 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSA, JACQUELINE L
Address: 13431 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR (X) Change () Addition
Name: WILLIAMS, DWIGHT K
Address: 13431 ZORI LANE
City-St-Zip: WINDERMERE, FL 34786 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: JACQUELINE ROSA

MGR

04/28/2009

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