

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104106

Entity Name: PROPERTY HOLDERS, LLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

661 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

## Current Mailing Address:

661 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FULP, KEVIN  
661 LONGMEADOW CIRCLE  
LONGWOOD, FL 32779 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: MGRM ( ) Delete  
Name: FULP, KEVIN  
Address: 661 LONGMEADOW CIRCLE  
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM ( ) Delete  
Name: PIZAM, HIAM C  
Address: 1021 E. HARWOOD STREET  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Delete  
Name: NIELSON, KENNETH N  
Address: 2001 SCHOHARE COURT  
City-St-Zip: ORLANDO, FL 32817

Title: MGRM ( ) Delete  
Name: PIZAM, ESTHER  
Address: 170 NOTTOWAY TRAIL  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN FULP

MANA

04/24/2009

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