2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000114637

1. Entity Name
LIGHTFOOT PROPERTY MANAGEMENT LLC

Principal Place of Business	Mailing Address
1513 STATE ROAD 559	POB 405
POLK CITY, FL 33868	POLK CITY, FL 33868

DO NOT WRITE IN THIS SPACE

03172008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
03-0587210	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTFOOT, CHRISTOPHER S
1513 STATE ROAD 559
POLK CITY, FL 33868

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

UDODODO888384
04/22/08-80011-014 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LIGHTFOOT, CHRISTOPHER S
STREET ADDRESS	1513 STATE ROAD 559
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	MGR
NAME	LIGHTFOOT, JULIE E
STREET ADDRESS	1513 STATE ROAD 559
CITY-ST-ZIP	POLK CITY, FL 33868
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Julie E. Lightfoot   4/7/08   863.573.3681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #