## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115057

Entity Name: ULOFTS LUBBOCK, LLC

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2020 WEST PENSACOLA STREET

SUITE 27

TALLAHASSEE, FL 32304

Current Mailing Address: New Mailing Address:

P.O. BOX 2535 P.O. BOX 20222

TALLAHASSEE, FL 32316 TALLAHASSEE, FL 32316

FEI Number: 20-3864308 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEONI, STEVEN M 2020 W PENSACOLA STREET SUITE 27 TALLAHASSEE, FL 32304 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:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

De

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete Name: LEONI, STEVEN M

Address: P.O. BOX 2535

City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM ( ) Delete Name: RUDNICK, JAMES

Address: P.O. BOX 2535

City-St-Zip: TALLAHASSEE, FL 32316

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: LEONI, STEVEN M Address: P.O. BOX 20222

City-St-Zip: TALLAHASSEE, FL 32316

Title: MGRM (X) Change ( ) Addition

Name: RUDNICK, JAMES Address: P.O. BOX 20222

City-St-Zip: TALLAHASSEE, FL 32316

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: STEVEN M. LEONI MGRM 03/26/2009