2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2009
Secretary of State

DOCUMENT# L06000011959

Entity Name: A FLORIDA FUTURE REAL ESTATE, LLC

Current Principal Place of Business:

949 JENKS AVENUE
SUITE 19
PANAMA CITY, FL 32401 US

New Principal Place of Business:

949 JENKS AVENUE
SUITE 15
PANAMA CITY, FL 32401 US

Current Mailing Address:

949 JENKS AVENUE
SUITE 19
PANAMA CITY, FL 32401 US

New Mailing Address:

949 JENKS AVENUE
SUITE 15
PANAMA CITY, FL 32401 US

FEI Number: 87-0797997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BATES, RENEE L MS
6200 N. LAGOON DRIVE
APT. C1
PANAMA CITY BEACH, FL 32408 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:	BATES, RENEE L MS	
Address:	6200 N. LAGOON DRIVE, APT. C1	
City-St-Zip:	PANAMA CITY BEACH, FL 32408 US	
Title:	MGRM	( ) Delete
Name:	ZAIGER, CHRISTOPHER S MR	
Address:	402 ILLINOIS AVENUE	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	MGRM	( ) Delete
Name:	SHEWMAN, LANCE J MR	
Address:	7021 MCCORMICK LANE	
City-St-Zip:	SOUTHPORT, FL 32409 US	
Title:	MGRM	(X) Delete
Name:	TOSCANO, LEAH R MS	
Address:	3325 W. 23RD STREET, APT. M89	
City-St-Zip:	PANAMA CITY, FL 32405 US	
Title:	MGRM	(X) Delete
Name:	BESTWICK, DOUGLAS L MR	
Address:	11426 LAUX DRIVE	
City-St-Zip:	YOUNGSTOWN, FL 32466 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	BESTWICK, DOUGLAS L MR	
Address:	11426 LAUX DRIVE	
City-St-Zip:	YOUNGSTOWN, FL 32466 US	
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: RENEE L. BATES MGRM 08/06/2009

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