2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# L06000017744

Entity Name: ARTESIAN PROPERTIES, LLC

Current Principal Place of Business:

505 NORTH MAIN STREET
HIGH SPRINGS, FL 32643

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 976
HIGH SPRINGS, FL 32655

New Mailing Address:

FEI Number: 58-2252387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUMMERS, ROBERT E
505 NORTH MAIN STREET
HIGH SPRINGS, FL 32643 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: MGR ( ) Delete
Name: SUMMERS, ROBERT E
Address: P.O. BOX 976
City-St-Zip: HIGH SPRINGS, FL 326550976

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: KEENE, KYLE C
Address: 505 NORTH MAIN STREET
City-St-Zip: HIGH SPRINGS, FL 32643

Title: MGRM ( ) Change (X) Addition
Name: SUMMERS, ROBWERT E
Address: 505 NORTH MAIN STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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: KYLE C. KEENE MGRM 03/21/2008

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