

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017744

**Entity Name:** ARTESIAN PROPERTIES, LLC

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**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: P  
Name: KEENE, KYLE C  
Address: 505 NORTH MAIN STREET  
City-St-Zip: HIGH SPRINGS, FL 32643

I hereby 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

PRES

01/21/2010

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