

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020400

Entity Name: LEMON BLUFF, LLC

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

4101 W OBISPO STREET  
TAMPA, FL 33629 US

## New Principal Place of Business:

## Current Mailing Address:

4101 W OBISPO STREET  
TAMPA, FL 33629 US

## New Mailing Address:

FEI Number: 20-4394019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MAYES, ANALEE M  
4101 W OBISPO STREET  
TAMPA, FL 33629 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: MAYES, ANALEE M  
Address: 4101 W OBISPO STREET  
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM ( ) Delete  
Name: MOORE, THOMAS W  
Address: 3370 OHIO AVENUE  
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM ( ) Delete  
Name: LOVELL, KATHLEEN M  
Address: 1320 WALLS BRIDGE ROAD  
City-St-Zip: CLARKESVILLE, GA 30523 US

Title: MGRM ( ) Delete  
Name: MCGOVERN, CAROLYN P  
Address: 3634 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM ( ) Delete  
Name: SINGER, JERE M  
Address: 1295 WALL BRIDGE LOOP  
City-St-Zip: CLARKESVILLE, GA 30523 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANALEE M MAYES

MGR

01/07/2009

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