## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000036061

Address:

P.O. BOX 568062

City-St-Zip: ORLANDO, FL 32865

Entity Name: CONLEY & JOHNSON PROPERTIES, LLC

FILED Apr 20, 2009 Secretary of State

| Current Principal Place of Business:          |  |                                  | New Principal Place of Business:            |                                       |
|---|--|----------------------------------|---|---------------------------------------|
| 2212 DEL<br>ORLANDO                           | •<br>ANEY<br>D, FL 32806                                 |                                  | ·   |                                       |
| Current N                                     | lailing Addres   | s:                               | New Mailing Address:                        |                                       |
| P.O. BOX<br>ORLANDO                           | 568062<br>D, FL 32865                                    |                                  |   |                                       |
| FEI Number                                    | : 20-4680623   | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |  |                                  | Name and Address of New Registered Agent:   |                                       |
| 2212 DEL                                      | S, ERYKA MG<br>ANEY AVE<br>D, FL 32806                   | RM<br>US                         |   |                                       |
|   | e named entity s<br>e of Florida.                        | submits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both |
| SIGNATU                                       | RE:  |                                  |   |                                       |
|   | Electror   | ic Signature of Registered Age   | ent   | Date                                  |
| MANAGING MEMBERS/MANAGERS:                    |  |                                  | ADDITIONS/CHANGES:                          |                                       |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM ( )<br>JENNINGS, ER<br>P.O. BOX 5680<br>ORLANDO, FL | 62                               | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition               |
| Title:<br>Name:                               | MGRM ( )<br>HENRY, MIRIAI                                | Delete<br>// J                   | Title:<br>Name:                             | ( ) Change ( ) Addition               |

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: ERYKA J JENNINGS MGRM 04/20/2009