2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L06000038201

Entity Name: ZAUSCH PROPERTIES OF FLORIDA, LLC

Current Principal Place of Business:

11802 N. GREEN RIVER ROAD
EVANSVILLE, IN 47725

New Principal Place of Business:

Current Mailing Address:

11802 N. GREEN RIVER ROAD
EVANSVILLE, IN 47725

New Mailing Address:

FEI Number: 20-4683848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZAUSCH, EDWARD L
3191 MATECUMBE KEY
UNIT 402
PUNTA GORDA, FL 33955 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: ZAUSCH, EDWARD W
Address: 29252 U. S. HWY 27
City-St-Zip: DUNDEE, FL 33838

Title: VP ( ) Delete
Name: WILLIAM, ZAUSCH
Address: 11802 N. GREEN RIVER ROAD
City-St-Zip: EVANSVILLE, IN 47725

Title: CFO ( ) Delete
Name: SOUTH, BARBARA
Address: 11802 N. GREEN RIVER
City-St-Zip: EVANSVIILLE, IN 47725

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ZAUSCH, EDWARD W
Address: #6 AVIATOR WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: BARBARA L. SOUTH CFO 03/25/2009

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