2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050442

Name:

Address:

City-St-Zip:

POIRIER, JOEL

199 NE RANGE AVE

MADISON, FL 32340 US

Entity Name: BURTON-FRALEIGH HOUSE, LLC

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 176 NE SUMPTER MADISON, FL 32340 US **Current Mailing Address: New Mailing Address:** 199 NE RANGE AVENUE MADISON, FL 32340 FEI Number: 87-0784186 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: PIKE, HILDA R 199 NE RANGE AVE US MADISON, FL 32340 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PIKE, HILDA R Name: Name: 199 NE RANGE AVE Address: Address: City-St-Zip: MADISON, FL 32340 US City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: PIKE, STEPHEN H Name: A2 SPARTAN, LLC Address: 199 NE RANGE AVE Address: 139 NE MARION STREET City-St-Zip: MADISON, FL 32340 US City-St-Zip: MADISON, FL 32340 Title: MRG () Delete Title: MGRM (X) Change () Addition MAULTSBY, JOHN P POIRER, JOEL Name: Name: 199 NE RANGE AVE Address: 139 NE MARION STREET Address: City-St-Zip: MADISON, FL 32340 City-St-Zip: MADISON, FL 32340 Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN P MAULTSBY MGRM 04/25/2009