2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# L06000059615

Entity Name: MASON PROPERTIES, LLC

Current Principal Place of Business:

3480 ROE ROAD
HAINES CITY, FL 33844

New Principal Place of Business:

900 INGRAHAM AVE
HAINES CITY, FL 33844

Current Mailing Address:

P.O. BOX 2135
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 83-0461826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, DONALD J
3480 ROE ROAD
HAINES CITY, FL 33844 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 ( ) Delete
Name: MASON, DONALD J
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: VP ( ) Delete
Name: MASON, MICHAEL J
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845

Title: T ( ) Delete
Name: MASON, MATTHEW S
Address: PO BOX 2135
City-St-Zip: HAINES CITY, FL 33845

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:

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: DONALD J MASON P 04/07/2009

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