2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L06000081009

Entity Name: BULLARD SISTERS, LLC

Current Principal Place of Business:

501 RIVERSIDE AVE. 7TH FLOOR
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVE. 7TH FLOOR
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 20-5391548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOLPE, TIMOTHY W ESQ.
501 RIVERSIDE AVENUE, 7TH FLOOR
JACKSONVILLE, FL 32202 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:	VOLPE, ROSLYN B	
Address:	501 RIVERSIDE AVE. 7TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	MGRM	( ) Delete
Name:	DAVIS, CLELIA B	
Address:	501 RIVERSIDE AVE. 7TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	MGRM	( ) Delete
Name:	MCRAE, MOLLY B	
Address:	501 RIVERSIDE AVE. 7TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202 US	
Title:	MGRM	( ) Delete
Name:	BULLARD, J. BRITT	
Address:	501 RIVERSIDE AVE. 7TH FLOOR	
City-St-Zip:	JACKSONVILLE, FL 32202 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:	

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: TIMOTHY W. VOLPE, ESQ. RA 04/13/2009

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