

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086436

FILED
Jun 16, 2009
Secretary of State

Entity Name: ANDREA MEADOWS REALTY LLC

Current Principal Place of Business:

3440 CEDARWOOD TRAIL
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

4880 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309 US

Current Mailing Address:

3440 CEDARWOOD TRAIL
TALLAHASSEE, FL 32312 US

New Mailing Address:

4880 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309 US

FEI Number: 11-3788882 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEADOWS, ANDREA D
3440 CEDARWOOD TRAIL
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

MEADOWS, ANDREA D
4880 QUAIL VALLEY ROAD
TALLAHASSEE, FL 32309 US

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: ANDREA MEADOWS

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MEADOWS, ANDREA D
Address: 3440 CEDARWOOD TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEADOWS, ANDREA D
Address: 4880 QUAIL VALLEY ROAD
City-St-Zip: TALLAHASSEE, FL 32309 US

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: ANDREA MNEADOWS

MM

06/16/2009

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