2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L06000087773

Entity Name: FLORIDA SHORT TERM RESIDENTIAL PROPERTIES, LLC

Current Principal Place of Business:

3733 UNIVERSITY BLVD. WEST, SUITE 205
JACKSONVILLE, FL 32217

New Principal Place of Business:

12143 DIVIDING OAKS TRAIL EAST
JACKSONVILLE, FL 32217

Current Mailing Address:

3733 UNIVERSITY BLVD. WEST, SUITE 205
JACKSONVILLE, FL 32217

New Mailing Address:

P.O. BOX 56593
JACKSONVILLE, FL 32241

FEI Number: 20-5597689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET
SUITE 3300
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: MGR ( ) Delete
Name: WILLIAM A. O'LEARY, INC.
Address: P.O. BOX 56593
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES:

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: WILLIAM A. O'LEARY PRES 04/26/2009

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