2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L06000092364

Entity Name: TOWNE SQUARE II PHASE ONE OWNERS ASSOCIATION, LLC

Current Principal Place of Business:

5151 S. LAKELAND DR.
SUITE 11
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6022
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 26-2644601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STALLINGS, ROBERT H
5151 S. LAKELAND DR.
SUITE 11
LAKELAND, FL 33813 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: STALLINGS INSURANCE, SERVICES INC.
Address: 5151 S. LAKELAND DR. STE. 11
City-St-Zip: LAKELAND, FL 33813

Title: MGRM ( ) Delete
Name: 5151 BUILDING, LLC,
Address: 1902 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES:

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: ROBERT H STALLINGS MGRM 03/09/2009

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