

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000092364

**FILED**  
**Mar 19, 2012**  
**Secretary of State**

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

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

I hereby 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

03/19/2012

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