

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103833

FILED
Jan 09, 2009
Secretary of State

Entity Name: MEADOWOOD PROPERTIES, LLC

Current Principal Place of Business:

3020 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3020 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-5804028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, DAVID J
3020 SOUTH FLORIDA AVE., SUITE 101
LAKELAND, FL 33803 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: ADAMS, DAVID J
Address: 3020 SOUTH FLORIDA AVE., SUITE 101
City-St-Zip: LAKELAND, FL 33803

Title: MGR () Delete
Name: ADAMS, ROBERT J
Address: 3020 SOUTH FLORIDA AVE., SUITE 101
City-St-Zip: LAKELAND, FL 33803

Title: MGR () Delete
Name: WALSH, BRIAN
Address: 3020 SOUTH FLORIDA AVE., SUITE 101
City-St-Zip: LAKELAND, FL 33803

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:

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 J ADAMS

MEMB

01/09/2009

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