2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L07000000710

Entity Name: PHAM-NGUYEN PROPERTIES, LLC

Current Principal Place of Business:

2820 WALDEN POND COVE
SEMINOLE, FL 32779

New Principal Place of Business:

2820 WALDEN POND COVE
LONGWOOD, FL 32779

Current Mailing Address:

2820 WALDEN POND COVE
SEMINOLE, FL 32779

New Mailing Address:

2820 WALDEN POND COVE
LONGWOOD, FL 32779

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NGUYEN, BOI-NGOC
2820 WALDEN POND COVE
SEMINOLE, FL 32779 US

Name and Address of New Registered Agent:

NGUYEN, BOI-NGOC
2820 WALDEN POND COVE
LONGWOOD, FL 32779 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: _____ 04/09/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NGUYEN, BOI-NGOC
Address: 2820 WALDEN POND COVE
City-St-Zip: SEMINOLE, FL 32779

Title: MGR ( ) Delete
Name: PHAM, QUOC-THUAN N
Address: 2820 WALDEN POND COVE
City-St-Zip: SEMINOLE, FL 32779

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NGUYEN, BOI-NGOC
Address: 2820 WALDEN POND COVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGR (X) Change ( ) Addition
Name: PHAM, QUOC-THUAN N
Address: 2820 WALDEN POND COVE
City-St-Zip: LONGWOOD, FL 32779

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: BOI-NGOC NGUYEN MGR 04/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date