2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L07000012128

Entity Name: PPCASON FAMILY PARTNERSHIP LLC

Current Principal Place of Business:

953 3RD AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

953 3RD AVE N
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-8964915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CASON, PAULINE P
154 TAHITI CIRCLE
NAPLES, FL 34113 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: CASON, PAULINE P
Address: 154 TAHITI CIRCLE
City-St-Zip: NAPLES, FL 34113 US

Title: MGRM ( ) Delete
Name: REYNOLDS, LESLIE C
Address: 1724 46TH STREET SW
City-St-Zip: NAPLES, FL 34116 US

Title: MRGM ( ) Delete
Name: HEAD, LAURA C
Address: 8681 KILKENNY COURT
City-St-Zip: FT MYERS, FL 33912 US

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: PAULINE P. CASON MGRM 03/17/2009

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