

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015325

FILED  
May 09, 2009  
Secretary of State

Entity Name: DOOLITTLE PROPERTIES LLC

**Current Principal Place of Business:**

141 LINSTEWE DRIVE  
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

141 LINSTEWE DRIVE  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COFFIELD SACHS, COLLEEN  
1719 S COUNTY HWY 393  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

HENRY, CORI  
141 LINSTEWE DRIVE  
FORT WALTON BEACH, FL 32458 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: CORI HENRY

05/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HENRY, JAMES C  
Address: 141 LINSTEWE DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: MGRM ( ) Delete  
Name: HENRY, CORI  
Address: 141 LINSTEWE DRIVE  
City-St-Zip: FT WALTON BEACH, FL 32548

**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: CORI HENRY

MGRM

05/09/2009

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