

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021899

FILED
Apr 23, 2009
Secretary of State

Entity Name: IN TOWN INVESTMENTS MANAGEMENT, LLC

Current Principal Place of Business:

422 N. MAIN STREET
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

422 N. MAIN STREET
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 20-8619555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, AVA F
422 N. MAIN STREET
CRESTVIEW, FL 32536 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: T () Delete
Name: POWELL, GILLIS E SR
Address: 441 W MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

Title: VS () Delete
Name: POWELL, GILLIS E JR
Address: 175 RIDGE LAKE RD
City-St-Zip: CRESTVIEW, FL 32536

Title: VT () Delete
Name: POWELL, DIXIE D
Address: 2033 W JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32536

Title: P () Delete
Name: POWELL, AVA S
Address: 491 W MIRACLE STRIP PKWY
City-St-Zip: MARY ESTHER, FL 32569

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:

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: AVA POWELL

P

04/23/2009

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