

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032038

FILED
Mar 11, 2009
Secretary of State

Entity Name: AMERICAN TURF MANAGEMENT, LLC

Current Principal Place of Business:

5591 WHISPERING WOODS POINT
SANFORD, FL 32771 US

New Principal Place of Business:

1121 AMANDA KAY CIRCLE
SANFORD, FL 32771 US

Current Mailing Address:

5591 WHISPERING WOODS POINT
SANFORD, FL 32771 US

New Mailing Address:

1121 AMANDA KAY CIRCLE
SANFORD, FL 32771 US

FEI Number: 26-0248011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, TIM
1121 AMANDA KAY CIRCLE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

ROBERTS, TIMOTHY L
1121 AMANDA KAY CIRCLE
SANFORD, FL 32771 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: TIMOTHY L. ROBERTS

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: ABBOTT, JOHN S
Address: 5591 WHISPERING WOODS PT
City-St-Zip: SANFORD, FL 32771 US

Title: MR (X) Delete
Name: ROBERTS, TIMOTHY L
Address: 1121 AMANDA KAY CIRCLE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBERTS, TIMOTHY L
Address: 1121 AMANDA KAY CIRCLE
City-St-Zip: SANFORD, FL 32771 US

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: TIMOTHY L. ROBERTS

MGRM

03/11/2009

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