

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044209

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** P & D PROPERTY HOLDINGS, LLC

**Current Principal Place of Business:**

6672 S.E. 135TH STREET  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

2201 S.E. 30TH AVENUE  
SUITE 202  
OCALA, FL 34471 US

**Current Mailing Address:**

P.O. BOX 27  
SUMMERFIELD, FL 34492 US

**New Mailing Address:**

FEI Number: 20-8925167      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PERMENTER, TOMMY D JR.  
6672 S.E. 135TH STREET  
SUMMERFIELD, FL 34491 US

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

PERMENTER, TOMMY D JR.  
2201 S.E. 30TH AVENUE  
SUITE 202  
OCALA, FL 34471 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: TOMMY D. PERMENTER, JR.

02/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOMMY D. PERMENTER, JR. REVOCABLE TRUST  
Address: P.O. BOX 27  
City-St-Zip: SUMMERFIELD, FL 34492 US

Title: MGRM  
Name: MARSHA S. PERMENTER REVOCABLE TRUST  
Address: P.O. BOX 27  
City-St-Zip: SUMMERFIELD, FL 34492 US

Title: MGRM  
Name: DREW E. DITTY REVOCABLE TRUST  
Address: 8441 S.E. 16TH TERRACE  
City-St-Zip: OCALA, FL 34480 US

Title: MGRM  
Name: AMY C. DITTY REVOCABLE TRUST  
Address: 8441 S.E. 16TH TERRACE  
City-St-Zip: OCALA, FL 34480 US

I hereby 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: TOMMY D. PERMENTER, JR.

MGRM

02/09/2010

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