2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L07000049392

Entity Name: CAMP ROSSITER PROPERTIES, LLC

Current Principal Place of Business:

621 LAKE DORA ROAD
MOUNT DORA, FL 32757

New Principal Place of Business:

621 LAKE DORA ROAD
MOUNT DORA, FL 32757 US

Current Mailing Address:

POST OFFICE BOX 1045
MOUNT DORA, FL 32757

New Mailing Address:

POST OFFICE BOX 1045
MOUNT DORA, FL 32756 US

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

Name and Address of Current Registered Agent:

MATHESON, MICHAEL M
621 LAKE DORA ROAD
MOUNT DORA, FL 32757 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: MATHESON, MICHAEL M
Address: 621 LAKE DORA ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: MGRM ( ) Delete
Name: MATHESON, ANN B
Address: 621 LAKE DORA ROAD
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MATHESON, MICHAEL M
Address: 621 LAKE DORA ROAD
City-St-Zip: MOUNT DORA, FL 32757 US

Title: MGRM (X) Change ( ) Addition
Name: MATHESON, ANN B
Address: 621 LAKE DORA ROAD
City-St-Zip: MOUNT DORA, FL 32757 US

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: MICHAEL M. MATHESON MGRM 01/13/2009

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