

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051014

FILED
Apr 22, 2009
Secretary of State

Entity Name: URISH POPECK SWOPE LAMBERSON, PL

Current Principal Place of Business:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

8955 FONTANA DEL SOL WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 26-0168887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERSON, JANE E
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109 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: MGR () Delete
Name: URISH, KENNETH L
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: SWOPE, RICHARD L
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: LAMBERSON, JANE F
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LAMBERSON, JANE E
Address: 8955 FONTANA DEL SOL WAY
City-St-Zip: NAPLES, FL 34109

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: JANE E LAMBERSON

MGR

04/22/2009

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