

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052711

FILED
Jul 10, 2008
Secretary of State

Entity Name: LENNON PROPERTIES, LLC

Current Principal Place of Business:

250 CANAL ST
OVIEDO, FL 32765 US

New Principal Place of Business:

3570 CANAL ST
OVIEDO, FL 32765 US

Current Mailing Address:

250 CANAL ST
OVIEDO, FL 32765 US

New Mailing Address:

3570 CANAL ST
OVIEDO, FL 32765 US

FEI Number: 26-0192974 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAJEK, KAREN
5308 CENTRAL AVE
ST PETERSBURG, FL 33707 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: P () Delete
Name: LENNON, BRIAN
Address: 250 CANAL ST
City-St-Zip: OVIEDO, FL 32765 US

Title: VP () Delete
Name: LENNON, VICKIE
Address: 250 CANAL ST
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LENNON, BRIAN
Address: 3570 CANAL ST
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Change () Addition
Name: LENNON, VICKIE
Address: 3570 CANAL ST
City-St-Zip: OVIEDO, FL 32765 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: BRIAN LENNON

P

07/10/2008

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