

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054295

FILED
Jan 21, 2009
Secretary of State

Entity Name: NUMBER 76 ASPENWOOD, LLC

Current Principal Place of Business:

72 ASPEN DRIVE
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

72 ASPEN DRIVE
HAINES CITY, FL 33844

New Mailing Address:

FEI Number: 26-0261306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARLEY, J. DIXON
72 ASPEN DRIVE
HAINES CITY, FL 33844 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: GARRO, WILLIAM
Address: 123 OLD DENVILLE ROAD
City-St-Zip: BOONTON, NJ 07005

Title: MGRM () Delete
Name: GAGE, JAMES R
Address: 53 DEER PATH DRIVE
City-St-Zip: FLANDERS, NJ 07836

Title: MGRM () Delete
Name: CHRISTMAN, JOHN
Address: 10810 TOPBRANCH LANE
City-St-Zip: COLUMBIA, MD 21044

Title: MGRM () Delete
Name: COLON, WILLIAM
Address: P.O. BOX 493
City-St-Zip: ISELIN, NJ 088300493

Title: MGRM () Delete
Name: EARLEY, J. DIXON
Address: 151 OLD FORD DRIVE
City-St-Zip: CAMP HILL, PA 17011

ADDITIONS/CHANGES:

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

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

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

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

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: J. DIXON EARLEY

MGMR

01/21/2009

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