

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000062531

FILED
Feb 03, 2009
Secretary of State

Entity Name: TUCSON PROPERTY RENTALS, LLC

Current Principal Place of Business:

450 TREASURE ISLAND CSWAY
503
SAINT PETERSBURG, FL 33706

New Principal Place of Business:

Current Mailing Address:

450 TREASURE ISLAND CSWAY
503
SAINT PETERSBURG, FL 33706

New Mailing Address:

FEI Number: 26-0437940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, LESLIE D
447 3RD AVE. N.
ST. PETERSBURG, FL 33701 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: FRANKLIN, DAVID M
Address: 450 TREASURE ISLD. CSWY, #503
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MGR () Delete
Name: FRANKLIN, PETER T
Address: 13917 77TH AVE. N.
City-St-Zip: SEMINOLE, FL 33776

Title: MGR () Delete
Name: FRANKLIN, JONATHAN S
Address: 6777 HOLLYWOOD BLVD STE 508
City-St-Zip: LOS ANGELES, CA 90028

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:

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: PETER T FRANKLIN

MGR

02/03/2009

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