2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L07000066503

Entity Name: QUAMMEN PROPERTY MANAGEMENT, L.L.C.

Current Principal Place of Business:

1400 SOUTH ORLANDO AVENUE
SUITE 204
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 560099
MONTVERDE, FL 347560099 US

New Mailing Address:

FEI Number: 26-0420219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
SUITE 4
ORLANDO, FL 32803 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: QUAMMEN, LAWRENCE R
Address: P O BOX 560099
City-St-Zip: MONTVERDE, FL 347560099 US

Title: MGR ( ) Delete
Name: QUAMMEN, ROBECCA L
Address: P O BOX 560099
City-St-Zip: MONTVERDE, FL 347560099 US

ADDITIONS/CHANGES:

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: LAWRENCE R. QUAMMEN MGR 02/09/2009

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