

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068908

FILED
Jan 27, 2009
Secretary of State

Entity Name: PLACEMENT WORKS APARTMENTS LLC

Current Principal Place of Business:

450 15TH AVENUE N. UNIT #1
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

450 15TH AVENUE N. UNIT #1
SAINT PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 26-0531349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, STEVEN P
7135 COLUMBIA CIRCLE
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

BROWN, STEVEN P
450 15TH AVENUE N. #5
SAINT PETERSBURG, FL 33704 US

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: STEVEN P BROWN

01/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROWN, CHRISTY
Address: 7135 COLUMBIA CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM () Delete
Name: BROWN, STEVEN P
Address: 7135 COLUMBIA CIRCLE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROWN, CHRISTY
Address: 450 15TH AVENUE N. #5
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: MGRM (X) Change () Addition
Name: BROWN, STEVEN P
Address: 450 15TH AVENUE N. #5
City-St-Zip: SAINT PETERSBURG, FL 33704

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: STEVEN P BROWN

MGRM

01/27/2009

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