

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071898

FILED
Apr 22, 2009
Secretary of State

Entity Name: SAUBUCK PROPERTIES LLC

Current Principal Place of Business:

2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543

New Mailing Address:

2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33544

FEI Number: 26-0505106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUNDERS, NICOLE B
2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

SAUNDERS, NICOLE B
2130 ASHLEY OAKS CIRCLE
SUITE 102
WESLEY CHAPEL, FL 33544 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:

04/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUCK, DONALD A JR.
Address: 293 TALL OAK TRAIL
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR () Delete
Name: SAUNDERS, NICOLE B
Address: 9933 MILANO DRIVE
City-St-Zip: TRINITY, FL 34655

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: DONALD A. BUCK, JR.

MGRM

04/22/2009

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