2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L07000078103

Entity Name: FERDINAND PROPERTIES, LLC

Current Principal Place of Business:

307 SOUTH PALAFOX STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

POST OFFICE DRAWER 13430
PENSACOLA, FL 32591

New Mailing Address:

FEI Number: 26-0580816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, JAMES M
307 SOUTH PALAFOX STREET
PENSACOLA, FL 32502 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:	WILSON, JAMES M	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	HARRELL, C. MINER	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	FARRINGTON, WILLIAM E II	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	FORD, J. STEVEN	
Address:	307 SOUTH PALAFOX STREEET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	FRICKE, JOHN B JR	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	
Title:	MGRM	( ) Delete
Name:	WILSON, JOSEPH A	
Address:	307 SOUTH PALAFOX STREET	
City-St-Zip:	PENSACOLA, FL 32502	

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:	
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: WILLIAM FARRINGTON MGRM 03/17/2009

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