

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081605

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: PPL HUDSON PROPERTIES, LLC

**Current Principal Place of Business:**

12232 LITTLE ROAD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

10 MOUNTAIN LEDGE DRIVE  
WILTON, NY 12831

**New Mailing Address:**

FEI Number: 35-2231940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: SPRINKLE, LANCE  
Address: 14 MADISON ST.  
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: MGRM ( ) Delete  
Name: BUTERA, S. THOMAS  
Address: 17 SAN GABRIEL LANE  
City-St-Zip: PALM COAST, FL 32137

Title: MGRM ( ) Delete  
Name: SPRINKLE, TED  
Address: 236 SHERWOOD FARM RD  
City-St-Zip: FAIRFIELD, CT 06430

**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: LANCE SPRINKLE

MGRM

04/27/2009

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