

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082378

FILED
Aug 10, 2009
Secretary of State

Entity Name: TOWN & COUNTRY REAL ESTATE INVESTMENTS, LLC

Current Principal Place of Business:

4722 KNOllWOOD DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 180325
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number: 75-3250073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOBERT, GARY
4722 KNOllWOOD DR.
TALLAHASSEE, FL 32303 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOBERT, GARY
Address: 4722 KNOllWOOD DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM () Delete
Name: GIBSON, DON
Address: 210 FAIRWAY DR.
City-St-Zip: HAVANA, FL 32333

Title: MGRM () Delete
Name: HAN, YICHUN
Address: 2765 W. HANNON HILL DR.
City-St-Zip: TALLAHASSEE, FL 32309

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: GARY J. HOBERT

MGRM

08/10/2009

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