

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085299

FILED  
May 20, 2009  
Secretary of State

**Entity Name:** ECLIPSE PROPERTY SOLUTIONS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1056 SNELL ISLE BLVD.  
N.E.  
ST PETERSBURG, FL 33704 US

**New Principal Place of Business:**

**Current Mailing Address:**

1056 SNELL ISLE BLVD.  
N.E.  
ST PETERSBURG, FL 33704 US

**New Mailing Address:**

FEI Number: 26-0863504      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:**

MCCONNELL, NANCY L  
700 7TH AVE N.  
SUITE C  
ST PETERSBURG, FL 33701 US

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

MCCONNELL, NANCY L  
500 23RD AVENUE N.  
ST 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:

05/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAYTON, POLLY K  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM ( ) Delete  
Name: LAYTON, R. K  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM ( ) Delete  
Name: LAYTON, P. K  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAYTON, POLLY K OWNER  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM (X) Change ( ) Addition  
Name: LAYTON, ROGER K OWNER  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: MGRM (X) Change ( ) Addition  
Name: LAYTON, PETER K ADMIN  
Address: 1056 SNELL ISLE BLVD. N.E.  
City-St-Zip: ST PETERSBURG, FL 33704 US

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: POLLY KERSKER LAYTON

OWNE

05/20/2009

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