

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000085879

FILED
Apr 04, 2009
Secretary of State

Entity Name: B J ADAMS PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

805 S. KIRKMAN ROAD SUITE 203
ORLANDO, FL 32811

New Principal Place of Business:

805 S. KIRKMAN ROAD SUITE 203
SUITE 203
ORLANDO, FL 32811

Current Mailing Address:

805 S. KIRKMAN ROAD SUITE 203
ORLANDO, FL 32811

New Mailing Address:

805 S. KIRKMAN ROAD SUITE 203
SUITE 203
ORLANDO, FL 32811

FEI Number: 26-0789802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, BARBARA J
805 S. KIRKMAN ROAD SUITE 203
ORLANDO, FL 32811 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: MGR () Delete
Name: ADAMS, RUTHA M
Address: 805 S. KIRKMAN ROAD SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: ADAMS, BARBARA J
Address: 805 S. KIRKMAN ROAD SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: KING, NYCOLE
Address: 805 S. KIRKMAN ROAD SUITE 203
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: KING, MICAH
Address: 805 S. KIRKMAN ROAD SUITE 203
City-St-Zip: ORLANDO, FL 32811

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:

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: BARBARA J ADAMS

MGR

04/04/2009

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