2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L07000105431

Entity Name: ALAFAYA SF PROPERTIES, LLC

Current Principal Place of Business:

% PARKS, DEFILIPPO & ASSOCIATES, P.A.
ATTN:L. A PARKS - 203 LOOKOUT PL STE A
MAITLAND, FL 32751

New Principal Place of Business:

% PARKS, DEFILIPPO & ASSOCIATES, P.A.
203 LOOKOUT PL STE A
MAITLAND, FL 32751

Current Mailing Address:

% PARKS, DEFILIPPO & ASSOCIATES, P.A.
ATTN:L. A PARKS - 203 LOOKOUT PL STE A
MAITLAND, FL 32751

New Mailing Address:

% PARKS, DEFILIPPO & ASSOCIATES, P.A.
203 LOOKOUT PL STE A
MAITLAND, FL 32751

FEI Number: 26-1301257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

W&P SERVICES, INC.
450 N WYMORE RD
WINTER PARK, FL 32789 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:	EVPD	( ) Delete
Name:	HAYES, GEORGE L III	
Address:	4701 CTRL AVE STE A	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	VPTD	( ) Delete
Name:	PARKS, LINDA G T	
Address:	% 203 LOOKOUT PLACE - STE A	
City-St-Zip:	MAITLAND, FL 32751	
Title:	SD	(X) Delete
Name:	LORENZOTTI, GUIDO	
Address:	% 203 LOOKOUT PLACE - STE A	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	(X) Delete
Name:	FROMMELT, VEIT DR	
Address:	% 203 LOOKOUT PLACE - STE A	
City-St-Zip:	MAITLAND, FL 32751	
Title:	D	( ) Delete
Name:	ROSS, LARRY D	
Address:	POB 1980	
City-St-Zip:	MORRISTOWN, NJ 07962	
Title:	S	( ) Delete
Name:	WEBSTER, DAVID A	
Address:	POB 2310	
City-St-Zip:	WINTER PARK, FL 32790	

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: LINDA G.T. PARKS VPT 03/10/2009

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