

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108718

FILED
May 15, 2009
Secretary of State

Entity Name: ECLIPSE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

9469 SOUTH US HWY 441 UNIT A
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

9469 SOUTH US HWY 441 UNIT A
OCALA, FL 34480

New Mailing Address:

FEI Number: 26-0488239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

BUCHINSKY, SAUL
9469 SOUTH US HWY 441 UNIT A
OCALA, FL 34480 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: BUCHINSKY, SAUL
Address: 9469 SOUTH US HWY 441 UNIT A
City-St-Zip: Ocala, FL 34480

Title: MGR () Delete
Name: JORDAN, LISA
Address: 9469 SOUTH US HWY 441 UNIT A
City-St-Zip: Ocala, FL 34480

ADDITIONS/CHANGES:

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: SAUL BUCHINSKY

MGRM

05/15/2009

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