

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120897

FILED
Jun 12, 2009
Secretary of State

Entity Name: ALLISON FAMILY PROPERTIES, L.L.C.

Current Principal Place of Business:

C/O JOHNSON S. SAVARY, ESQ.
240 S. PINEAPPLE AVE., FLOOR 10
SARASOTA, FL 34236

New Principal Place of Business:

6639 GENSTAR LANE
DALLAS, TX 75252

Current Mailing Address:

C/O JOHNSON S. SAVARY, ESQ.
240 S. PINEAPPLE AVE., FLOOR 10
SARASOTA, FL 34236

New Mailing Address:

6639 GENSTAR LANE
DALLAS, TX 75252

FEI Number: 26-1585856 **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:

SAVARY, JOHNSON S SR.
1671 SOUTH DRIVE
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

GORDON, CHERYL L
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34236 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: CHERYL L. GORDON

06/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALLISON, DAVID S
Address: 1671 SOUTH DRIVE
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ALLISON, DAVID S
Address: 6639 GENSTAR LANE
City-St-Zip: DALLAS, TX 75252

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: DAVID S. ALLISON

MGR

06/12/2009

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