2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L07000124671

Entity Name: INDIANTOWN APARTMENTS, LLC

Current Principal Place of Business:

209 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

209 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 26-2285195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESTES, ANNA M
209 SUMMERWOOD DRIVE
PANAMA CITY BEACH, FL 32413 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: ESTES, ANNA M
Address: 209 SUMMERWOOD DRIVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM ( ) Delete
Name: MILLER, ALFRED N III
Address: 1911 ANN ARBOR
City-St-Zip: TALLAHASSEE, FL 32304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: MILLER, ALFRED N III
Address: 2069 SE. FERN PARK DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM ( ) Change (X) Addition
Name: DELANCY, CLIFFORD T
Address: 1632 ARAPAHO AVENUE
City-St-Zip: STUART, FL 34994

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: ANNA M. ESTES MGR 03/10/2009

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