

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000262

**FILED**  
**Apr 06, 2009**  
**Secretary of State**

**Entity Name:** LUTZ REALTY & INVESTMENT LLC

**Current Principal Place of Business:**

6914 E FOWLER AVE STE J  
TAMPA, FL 33617

**New Principal Place of Business:**

6914 E FOWLER AVE STE J  
TAMPA, FL 336171705 US

**Current Mailing Address:**

6914 E FOWLER AVE STE J  
TAMPA, FL 33617

**New Mailing Address:**

6914 E FOWLER AVE STE J  
TAMPA, FL 336171705 US

FEI Number: 59-2925218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEEKLEY, A S JR  
6914 E FOWLER AVE STE J  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

WEEKLEY, JR., A S  
6914 E FOWLER AVE STE J  
TAMPA, FL 336171705 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: A. S. WEEKLEY, JR.

04/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEEKLEY, A S JR  
Address: 6914 E FOWLER AVE STE J  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WEEKLEY, JR., A S  
Address: 6914 E FOWLER AVE STE J  
City-St-Zip: TAMPA, FL 336171705 US

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: A. S. WEEKLEY, JR.

MGR

04/06/2009

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