2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L08000007997

Entity Name: 950 W. BEACON ROAD, LLC

Current Principal Place of Business:

950 W. BEACON ROAD
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

950 W. BEACON ROAD
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-2597918 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURRY, SCOTT
950 W. BEACON ROAD
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

CURRY, SCOTT MR,
950 W. BEACON ROAD
LAKELAND, FL 33803 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: SCOTT CURRY 01/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: T ( ) Change (X) Addition
Name: BAMBERG, STACY L MRS.
Address: 1047 HALF ACRE ROAD
City-St-Zip: AUBURNDALE, FL 33823

Title: VP ( ) Change (X) Addition
Name: SHILLS, CHRIS P MR.
Address: 1649 JOHN ARTHUR WAY
City-St-Zip: LAKELAND, FL 33803

Title: VP ( ) Change (X) Addition
Name: CHASTEEN, STEVE G MR.
Address: 2720 OLD POLK CITY RD.
City-St-Zip: LAKELAND, FL 33809

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: STACY BAMBERG T 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date