

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022459

FILED
Apr 24, 2009
Secretary of State

Entity Name: GILLMAN PROPERTY INVESTMENTS, LLC

Current Principal Place of Business:

5697 SE MAJOR WAY
NA
STUART, FL 34997

New Principal Place of Business:

5697 SE MAJOR WAY
STUART, FL 34997

Current Mailing Address:

5697 SE MAJOR WAY
NA
STUART, FL 34997

New Mailing Address:

5697 SE MAJOR WAY
STUART, FL 34997

FEI Number: 42-1757177

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLMAN, JO
5697 SE MAJOR WAY
NA
STUART, FL 34997 US

Name and Address of New Registered Agent:

GILLMAN, JO
5697 SE MAJOR WAY
STUART, FL 34997 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:

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GILLMAN, JO
Address: 5697 SE MAJOR WAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: GILLMAN, RANDY W
Address: 2043 N. PALM CIRCLE
City-St-Zip: STUART, FL 33408

Title: MGRM () Delete
Name: GILLMAN, JEFFRY I
Address: 2608 SE WILLOUGHBY BLVD
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

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

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: JEFFRY GILLMAN

MGRM

04/24/2009

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