2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L08000034090

Entity Name: WALPOLE URBAN PROPERTY MANAGEMENT , LLC

Current Principal Place of Business:

269 NW 9TH STREET
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1177
OKEECHOBEE, FL 34973

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARVIN, WES
900 E. OCEAN BLVD. STE 210-B
STUART, FL 34994 US

Name and Address of New Registered Agent:

WALPOLE, EDWIN
269 NW 9TH STREET
OKEEHCOBEE, FL 34972 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: EDWIN WALPOLE 02/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: E WALPOLE, TEE, WALP, OLE RVOC TR 12 / 05/95
Address: 269 NW 9TH STREET
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES:

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: E WALPOLE, TEE, WALPOLE RVOC TR 12/05/95 MGRM 02/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date