

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041732

Entity Name: MODULAR MANSIONS LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

118 SALEM COURT
C/O ANGELA M POOLE
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

118 SALEM COURT
TALLAHASSEE, FL 32301 US

Current Mailing Address:

118 SALEM COURT
C/O ANGELA M POOLE
TALLAHASSEE, FL 32301 US

New Mailing Address:

118 SALEM COURT
TALLAHASSEE, FL 32301 US

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

Name and Address of Current Registered Agent:

ANGELA MOSS POOLE LLC
118 SALEM COURT
SUITE A
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: DION CHRISTINE HOLDINGS LLC
Address: 118 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Delete
Name: JMJ ASSET GROUP
Address: P.O. BOX 180096
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COREY D POOLE
Address: 118 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM (X) Change () Addition
Name: JULIUS C POOLE JR
Address: P.O. BOX 180096
City-St-Zip: TALLAHASSEE, FL 32317 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: COREY POOLE

MGR

04/30/2009

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