

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045853

FILED  
Jul 20, 2009  
Secretary of State

Entity Name: J FRANK AND MARGARET LLC

**Current Principal Place of Business:**

4455 NORTH PINE VALLEY LOOP  
LECANTO, FL 34461 US

**New Principal Place of Business:**

**Current Mailing Address:**

4455 NORTH PINE VALLEY LOOP  
LECANTO, FL 34461 US

**New Mailing Address:**

FEI Number: 26-3632740      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHRISTENSEN, CLAIR C  
4455 NORTH PINE VALLEY LOOP  
LECANTO, FL 34461 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHRISTENSEN, MARGARET  
Address: 4455 NORTH PINE VALLEY LOOP  
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM ( ) Delete  
Name: CHRISTENSEN, JOHN  
Address: 4455 NORTH PINE VALLEY LOOP  
City-St-Zip: LECANTO, FL 34461 US

Title: MGRM (X) Delete  
Name: CHRISTENSEN, CLAIR C  
Address: 4455 NORTH PINE VALLEY LOOP  
City-St-Zip: LECANTO, FL 34461 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: CLAIR, CHRISTENSEN  
Address: 4455 NORTH PINE VALLEY LOOP  
City-St-Zip: LECANTO, FL 34461 US

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: CLAIR CHRISTENSEN

VP

07/20/2009

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