

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053203

FILED
May 17, 2009
Secretary of State

Entity Name: LINDSAY PROPERTY HOLDINGS, LLC

Current Principal Place of Business:

1907 SE 14TH AVENUE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

1907 SE 14TH AVENUE
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 26-2707088 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:

LINDSAY, RUSSELL
1907 SE 14TH AVENUE
OCALA, FL 34471 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: LINDSAY, RUSSELL
Address: 1907 SE 14TH AVENUE
City-St-Zip: OCALA, FL 34471 US

Title: MGR () Delete
Name: LINDSAY, ANDREW
Address: 3317 WEST SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGR () Delete
Name: LINDSAY, DEBORA
Address: 6114 DARTMOOR COURT
City-St-Zip: ORLANDO, FL 32819 US

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: RUSSELL LINDSAY

MGRM

05/17/2009

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