

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000074076

Entity Name: LSRE HOLDINGS LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

5935 TAYLOR RD.  
NAPLES, 34109

**New Principal Place of Business:**

5935 TAYLOR RD.  
NAPLES, FL 34109

**Current Mailing Address:**

5935 TAYLOR RD.  
NAPLES, 34109

**New Mailing Address:**

5935 TAYLOR RD.  
NAPLES, FL 34109

FEI Number: 26-3125280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEPHENSON, JAMES R  
1123 UNICA LN.  
NAPLES, FL 34105 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: STEPHENSON, JAMES S  
Address: 5935 TAYLOR RD.  
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM ( ) Delete  
Name: LYKINS, PAUL D  
Address: 5935 TAYLOR RD.  
City-St-Zip: NAPLES, FL 34109 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STEPHENSON, JAMES R  
Address: 1123 UNICA LN  
City-St-Zip: NAPLES, FL 34105 US

Title: MGRM (X) Change ( ) Addition  
Name: LYKINS, PAUL D  
Address: 5770 WESTPORT  
City-St-Zip: NAPLES, FL 34116 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: JAMES R STEPHENSON

MGR

04/27/2009

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