

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088366

FILED
Jan 08, 2009
Secretary of State

Entity Name: ROSSMAN PROPERTY MANAGEMENT, L.L.C.

Current Principal Place of Business:

1207 N.W. 18TH STREET
CAPE CORAL, FL 33993

New Principal Place of Business:

1104 SE 46TH LANE #2
CAPE CORAL, FL 33904

Current Mailing Address:

1207 N.W. 18TH STREET
CAPE CORAL, FL 33993

New Mailing Address:

1104 SE 46TH LANE #2
CAPE CORAL, FL 33904

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSSMAN, DENNIS L
1207 N.W. 18TH STREET
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

ROSSMAN, DENNIS L
1104 SE 46TH LANE #2
CAPE CORAL, FL 33904 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSSMAN, DENNIS L
Address: 1207 N.W. 18TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: MGRM () Delete
Name: ROSSMAN, E. MICHELLE
Address: 1207 N.W. 18TH STREET
City-St-Zip: CAPE CORAL, FL 33993

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSSMAN, DENNIS L
Address: 1104 SE 46TH LANE #2
City-St-Zip: CAPE CORAL, FL 33904

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: DENNIS ROSSMAN

MGR

01/08/2009

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