2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2009
Secretary of State

DOCUMENT# L08000092992

Entity Name: WJ COX PROPERTIES-FL, L.L.C.

Current Principal Place of Business:

17287 PERDIDO KEY DR., #804
PENSACOLA, FL 32507

New Principal Place of Business:

17287 PERDIDO KEY DRIVE
#804
PENSACOLA, FL 32507 78

Current Mailing Address:

17287 PERDIDO KEY DR., #804
PENSACOLA, FL 32507

New Mailing Address:

328 S. SAGE AVENUE
SUITE 100
MOBILE, AL 36606

FEI Number: **FEI Number Applied For (X)** **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:

COX, WILLIAM J.
17287 PERDIDO KEY DR., #804
PENSACOLA, FL 32507 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: COX, WILLIAM J.
Address: 17287 PERDIDO KEY DR., #804
City-St-Zip: PENSACOLA, FL 32507

Title: MGRM ( ) Delete
Name: COX, TAMMY E.
Address: 17287 PERDIDO KEY DR., #804
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES:

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: WILLIAM J. COX PRES 05/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date