2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102729

Entity Name: FLIPORFLY PROPERTIES, LLC

FILED Feb 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4001 TAMIAMI TRAIL NORTH 9132 STRADA PLACE

SUITE 330 SUITE 400 NAPLES, FL 34103

NAPLES, FL 34109

Current Mailing Address: New Mailing Address:

9132 STRADA PLACE 4001 TAMIAMI TRAIL NORTH

SUITE 330 SUITE 400

NAPLES, FL 34103 NAPLES, FL 34109 US

FEI Number: 26-3674405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SALVATORI & WOOD, P.L SALVATORI & WOOD, P.L. 4001 TAMIAMI TRAIL NORTH 9132 STRADA PLACE SUITE 330 SUITE 400 NAPLES, FL 34103 US NAPLES, FL 34109 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: LEO J. SALVATORI 02/11/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

BROWN, DON Name: Name: Address: 4820 WHISPERING PINE WAY Address: City-St-Zip: NAPLES, FL 34103 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: FINES, JONATHAN Name: Address: 810 TALLOW TREET CT. Address: City-St-Zip: NAPLES, FL 34108 US 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: DON BROWN **MGRM** 02/11/2009