2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# L08000104894

Entity Name: PRS FAMILY PROPERTIES, LLC

Current Principal Place of Business:

622 E 4TH CT
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

622 E 4TH CT
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 26-3699502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, DAVID R
622 E 4TH CT
PANAMA CITY, FL 32401 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:	SKIPPER, GREGORY	
Address:	120 HOLT HILLS RD	
City-St-Zip:	NASHVILLE, TN 37211 US	
Title:	MGR	( ) Delete
Name:	SKIPPER, JANICE G	
Address:	120 HOLT HILLS RD	
City-St-Zip:	NASHVILLE, TN 37211 US	
Title:	MGRM	( ) Delete
Name:	RUSS, JILL S	
Address:	12 CORBIN CT	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	MGR	( ) Delete
Name:	RUSS, THOMAS	
Address:	12 CORBIN CT	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	MGRM	( ) Delete
Name:	PARSONS, DAVID R	
Address:	622 E 4TH CT	
City-St-Zip:	PANAMA CITY, FL 32401 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:	
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: JANICE G. SKIPPER MGR 04/12/2009

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