

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111495

FILED
Apr 28, 2009
Secretary of State

Entity Name: GARY FAMILY PROPERTIES, LLC

Current Principal Place of Business:

5810 S MAGNOLIA AVENUE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

5810 S MAGNOLIA AVENUE
OCALA, FL 34471

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149 S. RIDGEWOOD AVE.
SUITE 210
DAYTONA BEACH, FL 32114 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: GARY, FAYE A
Address: 5710 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: VAUGHN, GLADYS A
Address: 7921 CYPRESS GROVE DRIVE
City-St-Zip: CABIN JOHN, MD 20818 US

Title: MGRM () Delete
Name: CHRISTIAN, OLLIE G
Address: P.O. BOX 22528
City-St-Zip: BATON ROUGE, LA 70808 US

Title: MGRM () Delete
Name: GARY, HOMER II
Address: 5710 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM () Delete
Name: HOPPS, JUNE G
Address: 205 GRASSMERE COURT
City-St-Zip: ROSWELL, GA 30075 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARY, FAYE A
Address: 5810 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GARY, HOMER II
Address: 5810 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474 US

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: FAYE A. GARY

MGRM

04/28/2009

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