

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000111942

FILED
Jan 27, 2012
Secretary of State

Entity Name: SNOOKIE PROPERTIES OF TALLAHASSEE LLC

Current Principal Place of Business:

1320 MANOR HOUSE DRIVE
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

919 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303 US

Current Mailing Address:

1320 MANOR HOUSE DRIVE
TALLAHASSEE, FL 32312 US

New Mailing Address:

919 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303 US

FEI Number: 45-3770648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, SHARON C
1625 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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
Name: LAMBERT, JEFF
Address: 1320 MANOR HOUSE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM
Name: LAMBERT, SHANE
Address: 3111 WELAUNEE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM
Name: LAMBERT, J.W. JR.
Address: 3011 INGRESS ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM
Name: MEHR, PARTICIA L
Address: 1574 TALPECO ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM
Name: LAMBERT, SHEA
Address: 910 PARK VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: MGRM
Name: HIGDON, DEBBIE L
Address: 619 HIGHLAND AVENUE
City-St-Zip: QUINCY, FL 32351

I hereby 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: JAMES LAMBERT

MGRM

01/27/2012

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