2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000003881

1. Entity Name

R.P. HENDERSON PROPERTY COMPANY, L.C.



Principal Place of Business

1404 DEAN ST., STE. 100 FORT MYERS, FL 33901 Mailing Address

1404 DEAN ST., STE. 100 FORT MYERS, FL 33901

FILED Apr 11, 2008 08:00 A Secretary of State



04042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For 65-0946704 Not Applicable

5. Certificate of Status Desired Fee Required Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HENDERSON, RANDALL P JR 1404 DEAN ST., STE. 100 FORT MYERS. FL 33901

DO NOT WRITE IN THIS SPACE

| 8. | 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. | I am familiar with, and accept |
|----|--|--------------------------------|
| | the obligations of registered agent | |
| | | |

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENDERSON, RANDALL P JR 1404 DEAN ST., STE. 100 FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HENDERSON, VIRGINIA 1404 DEAN ST., STE. 100 FORT MYERS, FL 33901 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000892756 04/23/08-80077-023 143.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my 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: X DC (LA SIGNING AND TYPER OR DRINTER NAME OF SIGNING AND TYPER OR DRINTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/08 239-334-42/2

Davtime Phone