

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004451

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** NEWTON FAMILY PROPERTIES, L.L.C.

**Current Principal Place of Business:**

4397 VETERANS MEMORIAL DRIVE  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-3598424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMB, MARION D III  
205 PINWOOD DRIVE  
TALLAHASSEE, FL 32303 US

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

LAMB, MARION D III  
217 PINWOOD DRIVE  
TALLAHASSEE, FL 32303 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:

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NEWTON, TIMOTHY E  
Address: 4397 VETERANS MEMORIAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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: TIMOTHY E. NEWTON

MGRM

04/14/2009

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