2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# L99000008548

Entity Name: NASSAU RURAL PROPERTIES LLC

Current Principal Place of Business:

28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

2626 COUNTESS OF EGMONT STREET
FERNANDINA BEACH, FL 32034

Current Mailing Address:

PO BOX 15163
FERNANDINA BEACH, FL 32035

New Mailing Address:

FEI Number: 59-3613708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERS, ROBERT
28 SOUTH 10TH STREET
FERNANDINA BEACH, FL 32034 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: PETERS, JEFF
Address: 7018 N GATE DR
City-St-Zip: TIFTON, GA 31794

Title: MGRM ( ) Delete
Name: PETERS, JODY
Address: 2626 COUNTESS OF EGMONT ST
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGRM ( ) Delete
Name: PETERS, ROBERT
Address: 2626 COUNTESS OF EGMONT ST
City-St-Zip: FERNANDINA BEACH, FL 32034

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:

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: ROBERT PETERS MGRM 02/13/2009

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