

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001968

Entity Name: LOT 9 OAK GROVE, LLC

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

111 E. CAPITOL STREET  
SUITE 600  
JACKSON, MS 39201

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 23066  
JACKSON, MS 39225

**New Mailing Address:**

FEI Number: 20-2504901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MANELLI, DENNIS E  
100 ASHLEY DRIVE, SUITE 1900  
TAMPA, FL 336025311 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: MGR ( ) Delete  
Name: HOSEMANN, C. DELBERT JR  
Address: P.O. BOX 23066  
City-St-Zip: JACKSON, MS 392253066

**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: C. DELBERT HOSEMANN, JR.

MGR

06/16/2009

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