

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006334

FILED
Jun 16, 2009
Secretary of State

Entity Name: VESTED PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

1810 S. TUTTLE AVENUE
SARASOTA, FL 34239

New Principal Place of Business:

3920 BEE RIDGE ROAD
BLDG. E, SUITE D
SARASOTA, FL 34233

Current Mailing Address:

1810 S. TUTTLE AVENUE
SARASOTA, FL 34239

New Mailing Address:

3920 BEE RIDGE ROAD
BLDG. E, SUITE D
SARASOTA, FL 34233

FEI Number: 20-3566825 **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:

KEATING, TIFFANY
1810 SOUTH TUTTLE AVE.
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

KEATING, TIFFANY
3920 BEE RIDGE ROAD
BLDG. E, SUITE D
SARASOTA, FL 34233 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: _____

06/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KEATING, TIFFANY J MGR
Address: 1810 S. TUTTLE AVE.
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEATING, TIFFANY J MGR
Address: 3920 BEE RIDGE RD. BLDG. E, STE D
City-St-Zip: SARASOTA, FL 34233

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: TIFFANY KEATING

MGR

06/16/2009

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