

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000742

FILED
Jan 23, 2009
Secretary of State

Entity Name: ALAMANDA PROPERTIES, LLC

Current Principal Place of Business:

8076 MEADOW BEND LANE
INDIANAPOLIS, IN 46259

New Principal Place of Business:

Current Mailing Address:

8076 MEADOW BEND LANE
INDIANAPOLIS, IN 46259

New Mailing Address:

FEI Number: 20-4045361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMBS, KEN
7502 FAIRLINKS COURT
SARASOTA, FL 34243 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: S & L BRYAN TRUST U, A DTD 11/1/199 8
Address: 8076 MEADOW BEND LANE
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM () Delete
Name: BRYAN, STANTON T TRUSTEE
Address: 8076 MEADOW BEND LANE
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM () Delete
Name: BRYAN, LAURA ANN TRUSTEE
Address: 8076 MEADOW BEND LANE
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM () Delete
Name: FLEMING, ANN LYNN
Address: 9016 BILLINGSGATE PLACE
City-St-Zip: LOUISVILLE, KY 40242

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BRYAN SR, STANTON T TRUSTEE
Address: 8076 MEADOW BEND LANE
City-St-Zip: INDIANAPOLIS, IN 46259

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: LAURA ANN BRYAN

MGRM

01/23/2009

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