

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004428

FILED  
Jan 16, 2009  
Secretary of State

Entity Name: MUSGRAVE REAL ESTATE, LLC

## Current Principal Place of Business:

% ROGER L. MUSGRAVE  
8503 EAST STATE ROAD 64  
BRADENTON, FL 34212

## New Principal Place of Business:

% ROGER L. MUSGRAVE  
8500 EAST STATE ROAD 64  
BRADENTON, FL 34212

## Current Mailing Address:

% ROGER L. MUSGRAVE  
8503 EAST STATE ROAD 64  
BRADENTON, FL 34212

## New Mailing Address:

% ROGER L. MUSGRAVE  
8500 EAST STATE ROAD 64  
BRADENTON, FL 34212

FEI Number: 26-3606048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSGRAVE, ROGER L  
8503 EAST STATE ROAD 64  
BRADENTON, FL 34212 US

## Name and Address of New Registered Agent:

MUSGRAVE, ROGER L  
8500 EAST STATE ROAD 64  
BRADENTON, FL 34212 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:

01/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MUSGRAVE, ROGER L  
Address: 8503 EAST STATE ROAD 64  
City-St-Zip: BRADENTON, FL 34212

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: MUSGRAVE, ROGER L  
Address: 8500 EAST STATE ROAD 64  
City-St-Zip: BRADENTON, FL 34212

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: ROGER L. MUSGRAVE

MGR

01/16/2009

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