

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M08000000813

FILED
Jul 29, 2009
Secretary of State**Entity Name:** HARTMAN GROUP PROPERTIES, L.L.C.**Current Principal Place of Business:**7645 MONROE
LAMBERTVILLE, MI 48144**New Principal Place of Business:****Current Mailing Address:**7645 MONROE
LAMBERTVILLE, MI 48144**New Mailing Address:****FEI Number:** 26-1205589**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HARTMAN, DAVID F
119 NE 12TH STREET
DELRAY BEACH, FL 33444 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: HARTMAN, DAVID
Address: 7645 MONROE
City-St-Zip: LAMBERTVILLE, MI 48144Title: MGRM () Delete
Name: HARTMAN, MARYLINE
Address: 7645 MONROE
City-St-Zip: LAMBERTVILLE, MI 48144Title: MGRM () Delete
Name: BERGER, RICHARD
Address: 7645 MONROE
City-St-Zip: LAMBERTVILLE, MI 48144Title: MGRM () Delete
Name: BERGER, NANCY
Address: 79 CHAPIN PARKWAY
City-St-Zip: BUFFALO, NY 14209Title: MGRM () Delete
Name: HARTMAN, JAMES T.C.
Address: 9875 -6 PINEAPPLE TREE DR.
City-St-Zip: BOYNTON BEACH, FL 33436**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
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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: JAMES HARTMAN

MGR

07/29/2009

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