2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# M97000000593

Entity Name: PERRY FAMILY PROPERTIES, L.L.C.

Current Principal Place of Business:

78 US 19 SOUTH
CAMILLA, GA 31730

New Principal Place of Business:

Current Mailing Address:

500 TRINITY LANE N APT 7206
SAINT PETERSBURG, FL 33716

New Mailing Address:

1201 EDEN ISLE DRIVE NE
SAINT PETERSBURG, FL 33704

FEI Number: 58-2186776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERRY, CLAUDE F SR.
732 HIGHWAY 98 EAST
DESTIN, FL 32541 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:	PERRY MERGLER, KIMBERLY	
Address:	78 U.S. 19 SOUTH	
City-St-Zip:	CAMILLA, GA 31730	
Title:	MGRM	( ) Delete
Name:	PERRY, EVA ZWACK	
Address:	78 U.S. 19 SOUTH	
City-St-Zip:	CAMILLA, GA 31730	
Title:	MGRM	( ) Delete
Name:	PERRY HAMILTON, CATHERINE	
Address:	78 U.S. 19 SOUTH	
City-St-Zip:	CAMILLA, GA 31730	
Title:	MGR	( ) Delete
Name:	PERRY, CLAUDE F SR.	
Address:	U.S. 19 SOUTH	
City-St-Zip:	CAMILLA, GA 31730	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	PERRY ZWACK, EVA	
Address:	78 U.S. 19 SOUTH	
City-St-Zip:	CAMILLA, GA 31730	
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: EVA PERRY ZWACK MGRM 04/14/2009

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