2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0000004085

P.O. BOX 86

P.O. BOX 86

OLDWICK, NJ 08858

OLDWICK, NJ 08858

() Delete

JOHNSON, GRETCHEN W

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

Entity Name: 354 SOUTH BEACH ROAD, L.L.C.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
5 INDEPE	DON O. DANSEF NDENCE WAY ON, NJ 08540	₹			
Current Mailing Address:			New Mailing Address:		
5 INDEPE	DON O. DANSEF NDENCE WAY ON, NJ 08540	8			
FEI Number	: 22-3739365	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1201 HAY	ATION SERVICE S STREET SSEE, FL 32301				
	e named entity su e of Florida.	bmits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	nt		Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR () D JOHNSON, JAME: P.O. BOX 86 OLDWICK, NJ 08	SL	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name:	M () D JOHNSON, JAME		Title: Name:	MGR JOHNSON.	(X) Change()Addition JAMES L

P.O. BOX 86

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MGRM

OLDWICK, NJ 08858

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JOHNSON, GRETCHEN W

(X) Change () Addition

Address:

Title:

Name:

Address:

City-St-Zip:

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: JOHNSON, JAMES L MGR 04/20/2009