

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092851

Entity Name: 224 INLET WAY, LLC

FILED  
Jul 14, 2008  
Secretary of State

**Current Principal Place of Business:**

712 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

712 U.S. HIGHWAY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 57-1224535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NORTON, BILL  
712 US HWY ONE STE 30  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

NORTON, BILL  
712 US HWY ONE STE 300  
NORTH PALM BEACH, FL 33408 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: BILL NORTON

07/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NAS DEVELOPMENT V, L, LC  
Address: 712 U.S. HIGHWAY ONE, SUITE 300  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Delete  
Name: WEINSTEIN, HARRIS  
Address: 2927 RHONE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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: HARRIS WEINSTEIN

MGRM

07/14/2008

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