

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003080

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: EGG HARBOR, LLC

**Current Principal Place of Business:**

730 GOODLETTE ROAD NORTH  
SUITE 100  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

730 GOODLETTE ROAD NORTH  
SUITE 100  
NAPLES, FL 34102

**New Mailing Address:**

FEI Number: 03-0577648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MINCK, LINDA R ESQ.  
5801 PELICAN BAY BLVD.  
SUITE 300  
NAPLES, FL 341082709 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: DR      ( ) Delete  
Name: DERNBACH, PAUL  
Address: 730 GOODLETTE RD N STE 100  
City-St-Zip: NAPLES, FL 34102

Title: DR      ( ) Delete  
Name: COLON, GARY  
Address: 730 GOODLETTE RD N STE 100  
City-St-Zip: NAPLES, FL 34102

Title: DR      ( ) Delete  
Name: BAKER, MATTHEW  
Address: 730 GOODLETTE RD N STE 100  
City-St-Zip: NAPLES, FL 34102

Title: DR      ( ) Delete  
Name: CAMPBELL, JOHN  
Address: 730 GOODLETTE RD N STE 100  
City-St-Zip: NAPLES, FL 34102

Title: DR      ( ) Delete  
Name: JUSTIZ, WILLIAM  
Address: 730 GOODLETTE RD N STE 100  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MATTHEW BAKER

DR

01/15/2009

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