

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015051

FILED  
Jul 02, 2009  
Secretary of State

Entity Name: INDRIO TOWN CENTER, LLC.

**Current Principal Place of Business:**

235 ALCAZAR AVENUE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

10840 SW 113 PLACE  
MIAMI, FL 33176 US

**Current Mailing Address:**

235 ALCAZAR AVENUE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

10840 SW 113 PLACE  
MIAMI, FL 33176 US

FEI Number: 20-8797023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CEASE, BRUCE M  
235 ALCAZAR AVENUE  
CORAL GABLES, FL 33134 US

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

BRYN & ASSOCIATES, P.A.  
2 SOUTH BISCAYNE BLVD  
SUITE 2680  
MIAMI, FL 33131 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: MARK J. BRYN

07/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CEASE, MICHAEL S  
Address: 235 ALCAZAR AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GREENBERG, JEFFREY M  
Address: 10840 SW 113 PLACE  
City-St-Zip: MIAMI, FL 33176 US

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: JEFFREY M. GREENBERG

MGR

07/02/2009

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