

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059784

FILED
Mar 19, 2009
Secretary of State

Entity Name: BETH STACEY BOULEVARD, LLC

Current Principal Place of Business:

4371 VERONICA SHOEMAKER BOULEVARD
FORT MYERS, FL 33916

New Principal Place of Business:

4371 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916

Current Mailing Address:

4371 VERONICA SHOEMAKER BOULEVARD
FORT MYERS, FL 33916

New Mailing Address:

4371 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916

FEI Number: 20-3934754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARWIN, WILLIAM M.D.
4371 VERONICA SHOEMAKER BOULEVARD
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

HARWIN, WILLIAM M.D.
4371 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916 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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARWIN, WILLIAM N M.D.
Address: 4371 VERONICA SHOEMAKER BOULEVARD
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HARWIN, WILLIAM N M.D.
Address: 4371 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

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: WILLIAM HARWIN

MGR

03/19/2009

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