

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 11, 2009  
Secretary of State**

DOCUMENT# L08000101801

Entity Name: 239 SANDY CIRCLE, LLC

**Current Principal Place of Business:**

6421 SPRUCE CREEK ROAD  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

6421 SPRUCE CREEK ROAD  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 26-3597226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SHAFER, WILLIAM  
6421 SPRUCE CREEK ROAD  
PORT ORANGE, FL 32127      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: MGR      ( ) Delete  
Name: SHAFER, WILLIAM  
Address: 6421 SPRUCE CREEK ROAD  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR      ( ) Delete  
Name: EASON, NORMAN  
Address: 213 SANDY CIRCLE  
City-St-Zip: SOUTH DAYTONA, FL 32119

**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: WILLIAM SHAFER

MGR

01/11/2009

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