

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000041251

**FILED**  
**Jul 24, 2008**  
**Secretary of State****Entity Name:** 1209 MAIN SAIL, LLC**Current Principal Place of Business:**1209 MAINSAIL CIRCLE  
1209  
JUPITER, FL 33477 US**New Principal Place of Business:****Current Mailing Address:**728 KITTYHAWK WAY  
NORTH PALM BEACH, FL 33408 US**New Mailing Address:****FEI Number:** 37-1490972      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DICKENSON, KEVIN M  
728 KITTYHAWK WAY  
NORTH PALM BEACH, FL 33408 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:** DICKENSON, KEVIN M  
**Address:** 728 KITTYHAWK WAY  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US**Title:** MGR      (X) Delete  
**Name:** STIEH, KATHRYN E  
**Address:** 4300 WASHINGTON ROAD  
**City-St-Zip:** WEST PALM BEACH, FL 33405**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: KEVIN M DICKENSON      MGR      07/24/2008

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