

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095438

FILED
Mar 29, 2011
Secretary of State

Entity Name: 251 CAPE HARBOUR LOOP #103, LLC

Current Principal Place of Business:

3790 10TH STREET NE
ST. PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

3790 10TH STREET NE
ST. PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 02-0787522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

XENAKIS, SEAN-KELLY
3790 10TH STREET NE
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

XENAKIS, SEAN-KELLY
1220 DARLINGTON OAK CIRCLE NE
ST. PETERSBURG, FL 33703 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:

03/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: XENAKIS, PATRICIA K
Address: 3790 10TH STREET NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM
Name: SEAN-KELLY, XENAKIS
Address: 1220 DARLINGTON OAK CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGR
Name: XENAKIS, RANDALL J
Address: 3790 10TH STREET NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGR
Name: XENAKIS, CHRISTINA B
Address: 1220 DARLINGTON OAK CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 33703 US

Title: MGR
Name: CHERUP, PATRICE X
Address: 207 HOCKLEY DRIVE
City-St-Zip: DOWNINGTOWN, PA 19335 US

Title: MGR
Name: CHERUP, JOHN
Address: 207 HOCKLEY DRIVE
City-St-Zip: DOWNINGTOWN, PA 19335 US

I hereby 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: PATRICIA K XENAKIS

MGRM

03/29/2011

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