

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 09, 2009  
Secretary of State**

DOCUMENT# L00000005645

Entity Name: SANTA CLARITA, LLC

**Current Principal Place of Business:**

832 FOREST GLEN LANE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

832 FOREST GLEN LN  
WELLINGTON, FL 33414

**New Mailing Address:**

FEI Number: 65-1009457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LUIS F ESCOBAR  
832 FOREST GLEN LANE  
WELLINGTON, FL 33414      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: MGRM      ( ) Delete  
Name: ESCOBAR, LUIS F  
Address: 832 FOREST GLEN LANE  
City-St-Zip: WELLINGTON, FL 33414 US

**ADDITIONS/CHANGES:**

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: LUIS ESCOBAR

MGRM

02/09/2009

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