## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000021202

Entity Name: MOTHER SHIP, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5551 RIDGEWOOD DR SUITE 501

NAPLES, FL 34108 US

Current Mailing Address: New Mailing Address:

5551 RIDGEWOOD DR SUITE 501 NAPLES, FL 34108 US

FEI Number: 04-3589287 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

BUDD, DAVID G

5551 RIDGEWOOD DR

SUITE 501

NAPLES, FL 34108 US

STARMAN, SHELDON W
2375 TAMIAMI TRAIL NORTH
SUITE 110

NAPLES, FL 34103 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: SHELDON W STARMAN 04/29/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRT ( ) Delete
Name: STARMAN SHELDON W

Address: 4099 TAMIAMI TR NO. SUITE 400

City-St-Zip: NAPLES, FL 34103

Title: MGRS ( ) Delete Name: BUDD, DAVID G

Address: 5551 RIDGEWOOD DR SUITE 501

City-St-Zip: NAPLES, FL 34108

Title: ( ) Delete

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRT (X) Change () Addition

Name: STARMAN, SHELDON W

Address: 2375 TAMIAMI TRAIL NORTH, SUITE 110

City-St-Zip: NAPLES, FL 34103 US

Title: AMGR (X) Change ( ) Addition

Name: BUDD, DAVID G

Address: 5551 RIDGEWOOD DR SUITE 501

City-St-Zip: NAPLES, FL 34108 US

Title: S ( ) Change (X) Addition

Name: BUDD, DAVID G

Address: 5551 RIDGEWOOD DRIVE, SUITE 501

City-St-Zip: NAPLES, FL 34108 US

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: DAVID G BUDD AMGR 04/29/2009