2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L02000011274

Entity Name: ST. PATRICK, L.L.C.

Current Principal Place of Business:

1275 S PATRICK DRIVE
H
SATELLITE BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

1275 S PATRICK DRIVE
H
SATELLITE BEACH, FL 32937

New Mailing Address:

FEI Number: 54-3754455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEALY, PATRICK F ESQ
1800 WEST HIBISCUS BLVD STE. 138
MELBOURNE, FL 32901 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:	FLEIS, EDWARD M MR	
Address:	1275 S PATRICK DRIVE STE H	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	MGR	( ) Delete
Name:	FLEIS, BRIAN J	
Address:	1275 S PATRICK DRIVE STE H	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	
Title:	MGR	( ) Delete
Name:	FLEIS, JEFFREY E	
Address:	1275 S PATRICK DRIVE STE H	
City-St-Zip:	SATELLITE BEACH, FL 32937 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: EDWARD M. FLEIS MGRM 02/10/2009

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