

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028250

Entity Name: 523 CAPE CORAL PKWY, LLC

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

523 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

3836 HAROLD AVENUE
FORT MYERS, FL 33901

New Mailing Address:

2090 WEST FIRST STREET #605
FORT MYERS, FL 33901

FEI Number: 74-3066317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANNENBAUM, ALAN L
3836 HAROLD AVENUE
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

TANNENBAUM, ALAN L
2090 WEST FIRST STREET #605
FORT MYERS, FL 33901 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:

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TANNENBAUM, ALAN L
Address: 3836 HAROLD AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM () Delete
Name: TANNENBAUM, MONIKA A
Address: 3836 HAROLD AVENUE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TANNENBAUM, ALAN L
Address: 2090 WEST FIRST STREET #605
City-St-Zip: FORT MYERS, FL 33901

Title: MGRM (X) Change () Addition
Name: TANNENBAUM, MONIKA A
Address: 14581 HEADWATER BAY LANE
City-St-Zip: FORT MYERS, FL 33908

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: ALAN L. TANNENBAUM

MGRM

04/27/2009

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