

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029488

Entity Name: 4200 S. HIGHWAY 17&92 LLC

FILED  
Apr 28, 2009  
Secretary of State

**Current Principal Place of Business:**

5003 MELLON STREET  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

5003 MELLON CT  
WINDERMERE, FL 34786

**New Mailing Address:**

5441 NORTH POWERS FERRY ROAD  
ATLANTA, GA 30327

FEI Number: 11-3662546

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SONG, DERSHYA  
5003 MELLON CT  
WINDERMERE, FL 34786 US

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

SHEEN, THOMAS  
5003 MELLON CT  
WINDERMERE, FL 34786 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: THOMAS SHEEN

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHEEN, THOMAS R  
Address: 5003 MELLON COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Delete  
Name: SONG, DERSHYA  
Address: 5003 MELLON COURT  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHEEN, THOMAS R  
Address: 5441 NORTH POWERS FERRY ROAD  
City-St-Zip: ATLANTA, GA 30327

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: THOMAS SHEEN

MGRM

04/28/2009

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