

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002352

Entity Name: 130 NORTH TAMiami TRAIL, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

50 CENTRAL AVE STE 900
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

50 CENTRAL AVE STE 900
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 36-4519467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOSCH, JOHN E ESQ.
50 CENTRAL AVE STE 900
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

TOSCH, JOHN E
50 CENTRAL AVE STE 900
SARASOTA, FL 34236 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: JOHN E TOSCH

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: 1099 MANAGEMENT CO, LLC
Address: 50 CENTRAL AVE STE 900
City-St-Zip: SARASOTA, FL 34236

Title: MGRM () Delete
Name: BUCHANAN, VERNON G
Address: 50 CENTRAL AVE STE 900
City-St-Zip: SARASOTA, FL 34236

Title: VPS () Delete
Name: TOSCH, JOHN
Address: 50 CENTRAL AVE STE 900
City-St-Zip: SARASOTA, FL 34236

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: JOHN TOSCH

VPS

04/14/2009

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