

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008967

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** STRASSER INVESTMENTS PARCEL B, LLC

**Current Principal Place of Business:**

1042 N US HWY 1  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1042 N US HWY 1  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 65-1181605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRASSER, CHARLES L  
444 SEABREEZE BLVD STE. 900  
ORMOND BEACH, FL 32174 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: D ( ) Delete  
Name: STRASSER, CHARLES L  
Address: 1316 JOHN ANDERSON DR.  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: DOWST, LEE  
Address: 405 S. ATLANTIC AVENUE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: DOWST, MARK  
Address: 2050 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete  
Name: STRASSER, SCOTT  
Address: 434 SOUTH BEACH STREET  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MILLER, SANFORD  
Address: 28 BROAD RIVER RD.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: CLLGER, BRYAN  
Address: 1310 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

**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:

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: CHARLES L. STRASSER

D

02/16/2009

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