

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029746

FILED
Jan 15, 2009
Secretary of State

Entity Name: PROVIDENCE 5450 COCOA BEACH, LLC

Current Principal Place of Business:

5450 ATLANTIC AVE
COCOA BEACH, FL 32931 US

New Principal Place of Business:

Current Mailing Address:

100 NORTH MAIN STREET, SUITE 300
PROVIDENCE, RI 02903 US

New Mailing Address:

FEI Number: 20-0147913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOTITZKY, EDWARD
223 TAYLOR ST.
PUNTA GORDA, FL 33950 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: TAPALIAN, CHARLES H
Address: 4740 11TH AVE SW
City-St-Zip: NAPLES, FL 34101 US

Title: MGRM () Delete
Name: SOUZA, JACINTA M
Address: 44 DAVIS STREET
City-St-Zip: SEEKONK, MA 02771 US

Title: MGRM () Delete
Name: TADROS, CHRIS
Address: P.O. BOX 6684
City-St-Zip: PROVIDENCE, RI 02940 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TAPALIAN, JACINTA M
Address: 44 DAVIS STREET
City-St-Zip: SEEKONK, MA 02771 US

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: JACINTA TAPALIAN

MGRM

01/15/2009

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