

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032252

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: FLORIDA REAL ESTATE DEVELOPMENT, LLC

## Current Principal Place of Business:

SUNRISE CORPORATE PLAZA ONE  
1300 SAWGRASS CORPORATE PARKWAY, STE 300  
SUNRISE, FL 333232804

## New Principal Place of Business:

SUNRISE CORPORATE PLAZA ONE  
1300 SAWGRASS CORPORATE PARKWAY, STE 300  
SUNRISE, FL 333232804 US

## Current Mailing Address:

SUNRISE CORPORATE PLAZA ONE  
1300 SAWGRASS CORPORATE PARKWAY, STE 300  
SUNRISE, FL 333232804

## New Mailing Address:

SUNRISE CORPORATE PLAZA ONE  
1300 SAWGRASS CORPORATE PARKWAY, STE 300  
SUNRISE, FL 333232804 US

FEI Number: 20-0214527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALLOWAY, AMY J ESQ.  
110 SE 6TH ST 15TH FL  
FORT LAUDERDALE, FL 33301 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: BULLINGTON, DOUGLAS W  
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300  
City-St-Zip: SUNRISE, FL 333232804

Title: MGRM ( ) Delete  
Name: TROMER, KEVIN M  
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300  
City-St-Zip: SUNRISE, FL 333232804

Title: MGR ( ) Delete  
Name: CARIDAD, GARCELL  
Address: 1300 SAWGRASS CORPORATE PARKWAY SUITE 300  
City-St-Zip: SUNRISE, FL 333232804

## 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: CARIDAD GARCELL

MGR

04/06/2009

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