

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000042011

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: SAILBOAT BEND 407/409, LLC

**Current Principal Place of Business:**

1400 E OAKLAND PRK BLVD STE 210  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

1400 E OAKLAND PK BLVD STE 210  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1400 E OAKLAND PRK BLVD STE 210  
107  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

1400 E OAKLAND PK BLVD  
210  
OAKLAND PARK, FL 33334

FEI Number: 52-2407366

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRIS, KIMBERLY L  
1400 E OAKLAND PRK BLVD STE 210  
FORT LAUDERDALE, FL 33334 US

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

MORRIS, KIMBERLY L  
1400 E OAKLAND PK BLVD STE 210  
210  
OAKLAND PARK, FL 33334 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:

04/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORRIS, BRETT H  
Address: 1400 E OAKLAND PRK BLVD STE 210  
City-St-Zip: FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MORRIS, BRETT H  
Address: 1400 E OAKLAND PK BLVD STE 210  
City-St-Zip: OAKLAND PARK, FL 33334

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: BRETT MORRIS

MGRM

04/01/2009

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