

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000012201

FILED
Jan 23, 2009
Secretary of State

Entity Name: GOVERNORS CROSSING 3, LLC

Current Principal Place of Business:

431 FAIRWAY DRIVE
300
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

431 FAIRWAY DRIVE
300
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 20-0785184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: K. FLORIDA, INC.,
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: PRES () Delete
Name: COMBS, GREGORY V
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP () Delete
Name: COPPA, DAVID
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP () Delete
Name: HYATT, BLAIR F
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SECY (X) Delete
Name: WILLIAMS, BEATRICE T
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: COMBS, GREGORY V
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP (X) Change () Addition
Name: COPPA, DAVID
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: EVP (X) Change () Addition
Name: HYATT, BLAIR F
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SECY (X) Change () Addition
Name: WILLIAMS, BEATRICE T
Address: 431 FAIRWAY DRIVE SUITE 300
City-St-Zip: DEERFIELD BEACH, FL 33441

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: BEATRICE T WILLIAMS

SECY

01/23/2009

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