

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017245

FILED
Apr 15, 2009
Secretary of State

Entity Name: FISHERMAN'S HARBOUR VILLAGE, LLC

Current Principal Place of Business:

C/O LVK DEVELOPMENT, LLC
1019 TOWN CENTER DR
ORANGE CITY, FL 32763

New Principal Place of Business:

FIRST COMMERCIAL DEVELOPMENT
1019 TOWN CENTER DR
ORANGE CITY, FL 32763

Current Mailing Address:

C/O LVK DEVELOPMENT, LLC
1019 TOWN CENTER DR
ORANGE CITY, FL 32763

New Mailing Address:

FIRST COMMERCIAL DEVELOPMENT
1019 TOWN CENTER DR
ORANGE CITY, FL 32763

FEI Number: 20-0820565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WANAMAKER, JOHN CCIM
1019 TOWN CENTER DR
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

WANAMAKER, JOHN CCIM
1019 TOWN CENTER DR
SUITE 200
ORANGE CITY, FL 32763 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: JOHN WANAMAKER

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FIRST COMMERCIAL DEVELOPMENT, LLC
Address: 1019 TOWN CENTER DR
City-St-Zip: ORANGE CITY, FL 32763

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FIRST COMMERCIAL DEVELOPMENT
Address: 1019 TOWN CENTER DR
City-St-Zip: ORANGE CITY, FL 32763

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: JOHN WANAMAKER

MGR

04/15/2009

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