## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000026758

Entity Name: N5276U ENTERPRISE LLC

670 ISLAND WAY #1005

CLEARWATER BEACH, FL 33767

Address:

City-St-Zip:

FILED Mar 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 621 LAKEVIEW ROAD SUITE C CLEARWATER, FL 33756 **New Mailing Address: Current Mailing Address:** P. O. BOX 476 CLEARWATER, FL 33757 FEI Number: 30-0241058 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WINTERS, ELISE K 1006 DREW ST CLEARWATER, FL 33755 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SPETZ, ANDREW C Name: Name: 609 TURNER STREET Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POWELL, PEGGY Name: Name: Address: 160 BLUFF VIEW DRIVE Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DE VOS, ROBERT Name: Name: Address: P. O. BOX 476 Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: WINTERS, ELISE K Name: Address: 609 TURNER ST Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition FITZGERALD, CHRISTINA M Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTINA M. FITZGERALD MGRM 03/25/2009