

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030408

Entity Name: LATTITUDE 29, LLC

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

10130 NORTHLAKE BLVD
STE 214-317
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

10130 NORTHLAKE BLVD
STE 214-317
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 14-1906653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, PHILIP H III
4420 BEACON CIR. WEST
PALM BEAH GARDENS, FL 33401 US

Name and Address of New Registered Agent:

MOORE, GORDON P
10130 NORTHLAKE BLVD
STE 214-317
WEST PALM BEACH, FL 33412 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: GORDON P. MOORE

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOORE, GORDON P
Address: 10130 NORTHLAKE BLVD STE 214-317
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: MGR () Delete
Name: CHURCHILL, DOUGLAS
Address: SANDY POINT HILL
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CHURCHILL, DOUGLAS
Address: 704 SANDY POINT LANE
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: GORDON P. MOORE

MGR

01/22/2009

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