2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041225

Entity Name: 3022 SE SANTA BARBARA PLACE, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3022 SE SANTA BARBARA PLACE CAPE CORAL, FL 33904 US

Current Mailing Address: New Mailing Address:

C/O SILVERFOX TOURS, INC.
32 S. TENNESSEE AVENUE - SUITE 200
ATLANTIC CITY, NJ 08404 US

C/O SILVERFOX TOURS, INC.
P O BOX 7187
ATLANTIC CITY, NJ 08404 US

FEI Number: 20-1186410 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:

WILLIAMS, DAVID 3022 SE SANTA BARBARA PLACE CAPE CORAL, FL 33904 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:

MANAGING MEMBERS/MANAGERS:

Electronic Signature of Registered Agent Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 WILLIAMS, DAVID
 Name:

 Address:
 100 EAST UPLAND AVENUE
 Address:

 City-St-Zip:
 GALLOWAY, NJ 08205 US
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:WILLIAMS, FRANKName:WILLIAMS, FRANKAddress:237 CUMBERLAND AVENUEAddress:2645 STONY HILL COURTCity-St-Zip:ESTELL MANOR, NJ 08319 USCity-St-Zip:CAPE CORAL, FL 33991 US

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: DAVID F WILLIAMS MGR 03/23/2009