

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042030

Entity Name: ROUTE 80 S.D., LLC

FILED  
Jan 06, 2008  
Secretary of State

**Current Principal Place of Business:**

3530 DOUBLE J ACRES RD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

17 RIDGE DR  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 56-2463640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, TOM ESQ.  
1049 W 47TH ST  
MIAMI BEACH, FL 33140 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: MGR ( ) Delete  
Name: PARKER, DAVID J  
Address: 21727 HELMSDALE RUN  
City-St-Zip: ESTERO, FL 33928

Title: MGR ( ) Delete  
Name: PARKER, JAMES B  
Address: 17 RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: MGR ( ) Delete  
Name: PARKER, THOMAS  
Address: 1049 W 47TH ST  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: PARKER, JAMES B  
Address: 17 RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34108

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: JAMES B. PARKER

MGRM

01/06/2008

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