2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# L04000045690

Entity Name: PROVIDENCE A1A SOUTH, LLC

Current Principal Place of Business:

6275 A1A SOUTH
SUITE 102
SAINT AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

400 WADE GLEN CT
ALPHARETTA, GA 30004

New Mailing Address:

PO BOX 2215
ALPHARETTA, GA 30023

FEI Number: 20-1257313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, TOM
6275 A1A SOUTH
SUITE 102
SAINT AUGUSTINE, FL 32080 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: MGRM ( ) Delete
Name: ROBINSON, TOM
Address: 400 WADE GLEN CT
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROBINSON, TOM
Address: PO BOX 2215
City-St-Zip: ALPHARETTA, GA 30023

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: TOM ROBINSON MR 03/29/2009

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