2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051750

Entity Name: FT. PIERCE JETTY, LLC

City-St-Zip:

FT. PIERCE, FL 34949

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 100 SO OCEAN DRIVE FT. PIERCE, FL 34949 **Current Mailing Address: New Mailing Address:** 1363 BAY SHORE DR 1363 BAYSHORE DR. FT. PIERCE, FL 34949 FT. PIERCE, FL 34949 FEI Number: 11-3723538 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: MCALLISTER, PHYLLIS 100 OCEAN DRIVE FT. PIERCE, FL 34949 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: Title: () Change () Addition () Delete REA, JOHN R JR. Name: Name: Address: 2501 PALM LAKES AVENUE Address: City-St-Zip: FT. PIERCE, FL 34981 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: JACOBSON, DONALD E TRUSTEE Name: Address: 1363 BAYSHORE DRIVE Address: City-St-Zip: FT. PIERCE, FL 33450 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MCALLISTER, PHYLLIS Name: Name: Address: 1245 CARLTON CT. APT. 105 Address:

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.

City-St-Zip:

SIGNATURE: PHYLLIS MCALLISTER MGR 03/13/2009