

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055918

Entity Name: INDIANTOWN ROAD, LLC

FILED  
Apr 15, 2009  
Secretary of State

## Current Principal Place of Business:

1627 RIVERVIEW ROAD, #415  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

## Current Mailing Address:

1627 RIVERVIEW ROAD, #415  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

FEI Number: 75-3163150

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KASBAR, JOHN  
2880 SHERIDAN ST  
HOLLYWOOD, FL 33021 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: PD ( ) Delete  
Name: TARRY, MALCOLM  
Address: 1627 RIVERVIEW RD STE 415  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: VP ( ) Delete  
Name: TARRY, VERONICA  
Address: 1627 RIVERVIEW RD STE 415  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

Title: ST ( ) Delete  
Name: TARRY, CHARLES  
Address: 5788 LONEWOOD COURT  
City-St-Zip: JUPITER, FL 33485 US

## ADDITIONS/CHANGES:

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

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

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: VERONICA TARRY

VP

04/15/2009

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