## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000062166

Address:

City-St-Zip:

15215 85 AVE N

PALM BEACH GARDENS, FL 33418

Entity Name: STEINHATCHEE PARCEL #17 LLC

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** MARK AND SHARI STAFFORD 18171 SE ISLAND DR TEQUESTA, FL 33469 **Current Mailing Address: New Mailing Address:** MARK AND SHARI STAFFORD 15215 85TH AVE NORTH PALM BEACH GARDENS, FL 33418 18171 SE ISLAND DR TEQUESTA, FL 33469 FEI Number: 74-3130521 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: STAFFORD, JAMES MARK 18171 S.E. ISLAND DR TEQUESTA, FL 33469 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: MGRM Title: () Change () Addition () Delete STAFFORD, MARK Name: Name: 18171 S.E. ISLAND DR Address: Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STAFFORD, SHARI Name: Name: Address: 18171 S.E. ISLAND DR Address: City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ANDRIOLO, DOMINICA Name: Name: Address: 1770 NE 191 ST., APT 102 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition SANFILIPPO, PAUL B Name: Name: 2119 CANAL RIDGE DRIVE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition SANFILIPPO, MARY Name: Name: 2119 CANAL RIDGE DRIVE Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition GIORDANO, RONALD P Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: RONALD GIORDANO MGR 04/30/2009