2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# L04000062953

Entity Name: FLORIDA HISTORIC PLACES, L.L.C.

Current Principal Place of Business:

911 COMMERCE BLVD NORTH
SARASOTA, FL 34243

New Principal Place of Business:

911 COMMERCE BLVD N
SARASOTA, FL 34243

Current Mailing Address:

911 COMMERCE BLVD NORTH
SARASOTA, FL 34243

New Mailing Address:

911 COMMERCE BLVD N
SARASOTA, FL 34243

FEI Number: 20-1566793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTILLI, T C
2419 LANDINGS CIRCLE
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

SANTILLI, THOMAS C
2419 LANDINGS CIRCLE
BRADENTON, FL 34209 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: THOMAS SANTILLI 02/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SANTILLI, T.C. & T.L, ., TEN. BY ENT .
Address: 2419 LANDINGS CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SANTILLI, THOMAS C
Address: 2419 LANDINGS CIRCLE
City-St-Zip: BRADENTON, FL 34209

Title: MGRM ( ) Change (X) Addition
Name: SANTILLI, TOMMIE L
Address: 2419 LANDINGS CIRCLE
City-St-Zip: BRADENTON, FL 34209

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: THOMAS SANTILLI MGRM 02/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date