

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063425

FILED
May 01, 2008
Secretary of State

Entity Name: ARMSTRONG VILLAGE AT INDIAN ROCKS BEACH DEVELOPMENT, LLC

Current Principal Place of Business:

13801 NORTH DALE MABRY HWY., SUITE 200
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

ONE ARMSTRONG PLACE
BUTLER, PA 16001

New Mailing Address:

FEI Number: 65-1232384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGR () Delete
Name: GOINS, ALLEN
Address: 13801 NORTH DALE MABRY HWY., SUITE 200
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: CAMPBELL, KIRBY J
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGR () Delete
Name: SEDWICK, DRU A
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGR () Delete
Name: JAMIESON, DAVID R
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGRM () Delete
Name: AG ARMSTRONG DEVELOP, MENT, LLC
Address: 13801 N DALE MABRY HWY SUITE 200
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: ARMSTRONG FLORDIA RE, ALTY HOLDING, L LC
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

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:

Title: MGR (X) Change () Addition
Name: CIPOLETTI, BRYAN
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

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: DRU A. SEDWICK

MGR

05/01/2008

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