

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90080 006 ***138.75

DOCUMENT # L04000072943	
1. Entity Name NORTH CINNAMON GROVE COMMERCIAL LLC	

Principal Place of Business 430 PRINCESS PLACE ROAD PALM COAST FL 32137	Mailing Address P.O. BOX 353937 PALM COAST FL 32135
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2. Principal Place of Business - No P.O. Box # 1324 S. CENTRAL AVE.	3. Mailing Address 1324 S. CENTRAL AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State FLAGLER BEACH, FL	City & State FLAGLER BEACH, FL
Zip 32136	Country USA
Zip 32136	Country USA

4. FEI Number 20-1716743	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WADSWORTH, SONIA 306 OCEANSHORE BOULEVARD FLAGLER BEACH FL 32136	
7. Name and Address of New Registered Agent Name REBECCA ANDERS Street Address (P.O. Box Number is Not Acceptable) 91 RIVERS EDGE LANE City PALM COAST FL Zip Code 32137	

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Rebecca S. Anders</i></u> 2-19-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State	
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERS, TED D 1324 SOUTH CENTRAL AVENUE FLAGLER BEACH FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Rebecca Anders</i></u> (REBECCA ANDERS) 2-19-08 770-851-5355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
