

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008189

Entity Name: WALLACE AVENUE, LLC

FILED
May 08, 2009
Secretary of State

Current Principal Place of Business:

100 WALLACE AVENUE, SUITE 130
SARASOTA, FL 34237

New Principal Place of Business:

100 WALLACE AVENUE
SUITE #130
SARASOTA, FL 34237

Current Mailing Address:

100 WALLACE AVENUE, SUITE 130
SARASOTA, FL 34237

New Mailing Address:

200 N WASHINGTON BLVD.
SARASOTA, FL 34236

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

SMITH, KATHERINE L ESQ.
715 N WASHINGTON BLVD
SUITE #B
SARASOTA, FL 34236 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: PRES () Delete
Name: HAENEL, DAVID
Address: 100 WALLACE AVENUE, SUITE 130
City-St-Zip: SARASOTA, FL 34237 US

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HAENEL, DAVID
Address: 200 N WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34236 US

Title: VP () Change (X) Addition
Name: FINEBLOOM, DARREN
Address: 200 N WASHINGTON BLVD.
City-St-Zip: SARASOTA, FL 34236

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: DAVID HAENEL

P

05/08/2009

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