

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028943

FILED
Jan 13, 2009
Secretary of State

Entity Name: 4826 WOOD DUCK CIRCLE, LLC

Current Principal Place of Business:

700 22ND PLACE, SUITE 201
VERO BEACH, FL 32960

New Principal Place of Business:

5555 E HARBOR VILLAGE DR
VERO BEACH, FL 32967

Current Mailing Address:

700 22ND PLACE, SUITE 201
VERO BEACH, FL 32960

New Mailing Address:

5555 E HARBOR VILLAGE DR
VERO BEACH, FL 32967

FEI Number: 20-2751149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRK, WILLIAM N ESQ.
979 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: CEO () Delete
Name: DOUGHERTY, MISUNG
Address: 700-22ND PL
City-St-Zip: VERO BEACH, FL 32960

Title: MGR () Delete
Name: DOUGHERTY, MISUNG
Address: 700-22ND PL
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: DOUGHERTY, MISUNG
Address: 5555 E HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

Title: MGR (X) Change () Addition
Name: DOUGHERTY, MISUNG
Address: 5555 E HARBOR VILLAGE DR
City-St-Zip: VERO BEACH, FL 32967

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: MISUNG DOUGHERTY

MBR

01/13/2009

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