

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056236

FILED
Apr 24, 2009
Secretary of State

Entity Name: HOOD ROAD CENTRE #100 LLC

Current Principal Place of Business:

5220 HOOD ROAD
SUITE 100
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

Current Mailing Address:

5220 HOOD ROAD
SUITE 100
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

FEI Number: 11-3751578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAETA, NEIL J
5220 HOOD ROAD
SUITE 100
PALM BEACH GARDENS, FL 33418 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: MGRM () Delete
Name: GAETA, NEIL J
Address: 5220 HOOD RD., SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM () Delete
Name: GAETA, LOUIS A JR.
Address: 5220 HOOD RD., SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAETA, NEIL J
Address: 5220 HOOD ROAD, STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: MGRM (X) Change () Addition
Name: LOUIS A GAETA JR IRREV TR DTD 9-8-08
Address: 5220 HOOD ROAD, STE 100
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: NEIL J GAETA

MGRM

04/24/2009

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