

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085502

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: EGRET ROAD INVESTMENTS, LLC

**Current Principal Place of Business:**

10 N.E. 18TH STREET  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

10 N.E. 18TH STREET  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 20-3379142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONN, JOHN H  
10 N.E. 18TH STREET  
HOMESTEAD, FL 33030 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: CONN, JOHN H  
Address: 10 N.E. 18TH STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGR ( ) Delete  
Name: SHARP, CHRISTI  
Address: 10 N.E. 18TH STREET  
City-St-Zip: HOMESTEAD, FL 33030 US

Title: MGR ( ) Delete  
Name: CONN, CHRISTOPHER G  
Address: 3622 RITA LANE  
City-St-Zip: ST. JAMES CITY, FL 339562203

**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:

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: JOHN H. CONN

MGR

01/07/2009

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