2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085953

CARDIFF BY THE SEA, CA 92007

City-St-Zip:

Entity Name: PIER POINT 508, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266 **Current Mailing Address: New Mailing Address:** 580 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266 FEI Number: 20-3450562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PROCTOR, STEPHEN P 580 ATLANTIC BLVD NEPTUNE BEACH, FL 32266 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PROCTOR, STEPHEN P Name: Name: 580 ATLANTIC BOULEVARD Address: Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PROCTOR, JACK F Name: Name: Address: 4495 GOLDCREST LN Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PROCTOR, BETTY LEE Name: Name: Address: 4495 GOLDCREST LN Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PROCTOR, JOSEPH F Name: Address: 1344 PINEWOOD RD Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PROCTOR, ELIZABETH W Name: Name: 1012 BUDDY CROUT LN Address: Address: City-St-Zip: NEPTUNE BEACH, FL 32266 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition AVERETT, CHRISTINE Name: Name: Address: 2529 NEWPORT AVE Address:

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.

City-St-Zip:

SIGNATURE: ELIZABETH PROCTOR MGRM 04/22/2009