

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90101 022 ***138.75

DOCUMENT # L05000094651

1. Entity Name
501 N. ALTERNATE A1A, L.L.C.



Principal Place of Business
801 MAPLEWOOD DRIVE, SUITE 17
JUPITER, FL 33458

Mailing Address
801 MAPLEWOOD DRIVE, SUITE 17
JUPITER, FL 33458

00002905



04042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIRVIN, D.R. ESQ.
OCEANSIDE PROFESSIONAL CENTRE
1080 EAST INDIANTOWN ROAD, SUITE 105
JUPITER, FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

108 INTRACOASTAL POINTE DRIVE

STE 300

City JUPITER

FL

Zip Code 33477

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME MORRIS, JOHN E TRUSTEE
STREET ADDRESS 801 MAPLEWOOD DRIVE, SUITE 17
CITY-ST-ZIP JUPITER, FL 33458

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/8/08

561-575-1440