2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000096258

Entity Name: 2240 VIA ESPLANADE, LLC

Current Principal Place of Business:

850 HERITAGE DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

19566 TRAILS END TERRACE
JUPITER, FL 33458 US

Current Mailing Address:

850 HERITAGE DRIVE
WESTON, FL 33326 US

New Mailing Address:

19566 TRAILS END TERRACE
JUPITER, FL 33458 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUERBERG, ERIC M
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FL 33410 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: KREAFLE, JEFFREY E
Address: 850 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326 FL

Title: MGR ( ) Delete
Name: KREAFLE, JULIANN A
Address: 850 HERITAGE DRIVE
City-St-Zip: WESTON, FL 33326 FL

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KREAFLE, JEFFREY E
Address: 19566 TRAILS END TERRACE
City-St-Zip: JUPITER, FL 33458 FL

Title: MGR (X) Change ( ) Addition
Name: KREAFLE, JULIANN A
Address: 19566 TRAILS END TERRACE
City-St-Zip: JUPITER, FL 33458 FL

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: JEFFREY E KREAFLE MGR 04/28/2009

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