

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116299

Entity Name: FLORAL CITY LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

3 CYPRESS RUN
SUITE 33C
HOMOSASSA, FL 34446

New Principal Place of Business:

3 CYPRESS RUN #32C
HOMOSASSA, FL 34446

Current Mailing Address:

P.O BOX 3179
HOMOSASSA SPRINGS, FL 34447

New Mailing Address:

FEI Number: 01-0806453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCCHI, JIM
3 CYPRESS RUN 32C
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

COCCHI, JIM
3 CYPRESS RUN 32C
HOMOSASSA, FL 34446 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:

01/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OPTIMA DHM CORP,
Address: 3 CYPRESS RUN SUITE 33C
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OPTIMA DHM CORP,
Address: 3 CYPRESS RUN #32C
City-St-Zip: HOMOSASSA, FL 34446

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: NACHUM KALKA

PRES

01/06/2009

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