

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000118720

FILED
May 05, 2009
Secretary of State**Entity Name:** 54FL LLC**Current Principal Place of Business:**1410 PINE RIDGE RD.
SUITE 23
NAPLES, FL 34108**New Principal Place of Business:****Current Mailing Address:**1410 PINE RIDGE RD.
SUITE 23
NAPLES, FL 34108**New Mailing Address:****FEI Number:** 20-3950720**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHLESINGER, ROBERT J
1410 PINE RIDGE RD.
SUITE 23
NAPLES, FL 34108 US**Name and Address of New Registered Agent:**HL STATUTORY AGENT
800 LAUREL OAK DRIVE
SUITE 600
NAPLES, FL 34108 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: JEFFREY M. FOLKMAN, VICE PRESIDENT

05/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: SCHLESINGER, ROBERT J
Address: 1410 PINE RIDGE RD. #23
City-St-Zip: NAPLES, FL 34108**Title:** MGRM () Delete
Name: ROSENAU, JAMES R
Address: 1410 PINE RIDGE RD. #23
City-St-Zip: NAPLES, FL 34108**ADDITIONS/CHANGES:****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: ROBERT J. SCHLESINGER

MGRM

05/05/2009

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