2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005088

Entity Name: SIDELINES OF ST. CLOUD, LLC

FILED Apr 10, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13TH ST 4060 13TH ST

ST. CLOUD, FL 34769 ST. CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

5601 CRAINDALE DRIVE 4060 13TH ST

ORLANDO, FL 32819 ST. CLOUD, FL 34769

FEI Number: 20-4100770 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:

LICATA, CHRISTOPHER 5601 CRAINDALE DRIVE ORLANDO, FL 32819 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:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LICATA, CHRISTOPHER
 Name:

 Address:
 5601 CRAINDALE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 LICATA, NANCY
 Name:

 Address:
 5601 CRAINDALE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 LICATA, TIFFANY
 Name:

 Address:
 5601 CRAINDALE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32819
 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: CHRISTOPHER LICATA MGRM 04/10/2009