

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007545

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: MARQUISE PROPERTY SALES, LLC

**Current Principal Place of Business:**

8200 HEALTH CENTER BLVD.  
SUITE 101  
BONITA, FL 34135

**New Principal Place of Business:**

8200 HEALTH CENTER BLVD.  
SUITE 104  
BONITA, FL 34135

**Current Mailing Address:**

8200 HEALTH CENTER BLVD.  
SUITE 101  
BONITA, FL 34135

**New Mailing Address:**

8200 HEALTH CENTER BLVD.  
SUITE 104  
BONITA, FL 34135

FEI Number: 20-4157530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R&A AGENTS, INC.  
ATTN: STEVEN I. WINER, ESQ  
2320 FIRST STREET SUITE 1000  
FT. MYERS, FL 33901 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: SAWYER, KELLY KRISTEN  
Address: 8200 HEALTH CENTER BLVD.  
City-St-Zip: BONITA, FL 34135

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAWYER, KELLY KRISTEN  
Address: 8200 HEALTH CENTER BLVD. SUITE 104  
City-St-Zip: BONITA, FL 34135

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: KELLY K. SAWYER

MGR

04/20/2009

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