

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000007841

**FILED**  
**Oct 02, 2009**  
**Secretary of State****Entity Name:** DONOVAN ROAD, LLC**Current Principal Place of Business:**8295 NORTH MILITARY TRAIL  
SUITE C  
PALM BEACH GARDENS, FL 33410 US**New Principal Place of Business:**5000 ESTATE SOUTHGATE  
CHRISTIANSTED, VI 00820 US**Current Mailing Address:**PO BOX 31041  
PALM BEACH GARDENS, FL 334201041 US**New Mailing Address:**5000 ESTATE SOUTHGATE  
CHRISTIANSTED, VI 00820 US**FEI Number:** 04-0462030**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SIMON, ALAN R  
8295 NORTH MILITARY TRAIL  
SUITE C  
PALM BEACH GARDENS, FL 33410 US**Name and Address of New Registered Agent:**GODOWN, S B  
1061 E. INDIANTOWN ROAD  
SUITE 104  
JUPITER, FL 33477 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:** S. BARRIE GODOWN

10/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:****Title:** MGR ( ) Delete  
**Name:** SIMON, ALAN R  
**Address:** PO BOX 31041  
**City-St-Zip:** PALM BEACH GARDENS, FL 334201041 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** MOSLER, WARREN B  
**Address:** 5000 ESTATE SOUTHGATE  
**City-St-Zip:** CHRISTIANSTED, VI 00820 US

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:** WARREN B. MOSLER

MGR

10/02/2009

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