

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014337

FILED
Apr 23, 2009
Secretary of State

Entity Name: 3400 FOREST HILL BOULEVARD, LLC

Current Principal Place of Business:

1000 NORTH OLIVE AVE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1739 B ROAD
LOXAHATCHEE, FL 33470

Current Mailing Address:

14410 EQUESTRIAN WAY
WELLINGTON, FL 33414

New Mailing Address:

1739 B ROAD
LOXAHATCHEE, FL 33470

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOUCK, HEATHER E
1000 NORTH OLIVE AVE
WEST PALM BEACH, FL 33414 US

Name and Address of New Registered Agent:

HOUCK, HEATHER E
1739 B ROAD
LOXAHATCHEE, FL 33470 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: HEATHER HOUCK

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: HOUCK, HEATHER
Address: 14410 EQUESTRIAN WAY
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: WALMER, LARRY
Address: 14410 EQUESTRIAN WAY
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HOUCK, HEATHER
Address: 1739 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: WALMER, LARRY
Address: 1739 B ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

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: HEATHER HOUCK

PRES

04/23/2009

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