

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017045

FILED
Apr 29, 2009
Secretary of State

Entity Name: SANCTUARY DEVELOPMENT PARTNERS EAST, L.L.C.

Current Principal Place of Business:

1401 MANATEE AVE. WEST
500
BRADENTON, FL 34205

New Principal Place of Business:

1707 US HIGHWAY 301
PALMETTO, FL 34221

Current Mailing Address:

1401 MANATEE AVE. WEST
500
BRADENTON, FL 34205

New Mailing Address:

1707 US HIGHWAY 301
PALMETTO, FL 34221

FEI Number: 20-8227332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLEAU, GLEN H
1401 MANATEE AVE. WEST
500
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

BLEAU, GLEN H
1707 US HIGHWAY 301
PALMETTO, FL 34221 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MORRIS, TIMOTHY J
Address: 1401 MANATEE AVENUE WEST, SUITE 500
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: SVENSON, LINDA
Address: 1707 US HIGHWAY NORTH
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MORRIS, TIMOTHY J
Address: 1707 US HIGHWAY 301
City-St-Zip: PALMETTO, FL 34221

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: TIMOTHY J MORRIS

MGR

04/29/2009

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