

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020705

FILED
Apr 29, 2009
Secretary of State

Entity Name: 4949 TAMiami TRAIL, L.L.C.

Current Principal Place of Business:

205 N. COLLIER BLVD.
SUITE #227
MARCO ISLAND, FL 34145 US

New Principal Place of Business:

Current Mailing Address:

678 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 US

New Mailing Address:

540 INLET DR
MARCO ISLAND, FL 34145 US

FEI Number: 20-4409260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMES KARL & ASSOCIATES, P.A.
678 BALD EAGLE DRIVE
MARCO ISLAND, FL 34145 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: MGRM () Delete
Name: MAGDALENER, JOSEF
Address: 205 N. COLLIER BLVD., SUITE 205
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM () Delete
Name: SCHMALZ, OTTO
Address: 205 NORTH COLLIER BLVD., SUITE 205
City-St-Zip: MARCO ISLAND, FL 34145 US

Title: MGRM () Delete
Name: DUQUET, ALLEN
Address: 205 N. COLLIER BLVD., SUITE 205
City-St-Zip: MARCO ISLAND, FL 34145 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEF MAGDALENER

PRES

04/29/2009

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