

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043672

FILED
Aug 22, 2009
Secretary of State

Entity Name: 11865 HWY. ONE ASSOCIATES, L.L.C.

Current Principal Place of Business:

C/O REID MAGID, 220 CELESTIAL WAY
#4
JUNO BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

C/O REID MAGID, 220 CELESTIAL WAY
#4
JUNO BEACH, FL 33408 US

New Mailing Address:

P.O.BOX 30939
PALM BEACH GARDENS, FL 33420 US

FEI Number: 20-4811555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZANE, JEFFREY P
4800 RIVERSIDE DRIVE
SUITE 101
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

ZANE, JEFFREY P
4100 RIVERSIDE DRIVE
SUITE 110
PALM BEACH GARDENS, FL 33410 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:

08/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAGID, REID S
Address: 220 CELESTIAL WAY (#4)
City-St-Zip: JUNO BEACH, FL 33408 US

Title: MGRM () Delete
Name: MAGID, STANLEY A
Address: 220 CELESTIAL WAY (#4)
City-St-Zip: JUNO BEACH, FL 33408

Title: MGRM () Delete
Name: MAGID, ADAM J
Address: 220 CELESTIAL WAY (#4)
City-St-Zip: JUNO BEACH, FL 33408

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: REID S. MAGID

MGRM

08/22/2009

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