2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# L06000047663

Entity Name: ENGLISH LANDING TOWNHOUSE DEVELOPMENT, LLC

Current Principal Place of Business:

509 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

509 S. PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

New Mailing Address:

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

Name and Address of Current Registered Agent:

MICHAEL, SHAW J
509 S PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084 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:	SHAW, JULIA	
Address:	509 S. PONCE DE LEON BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGRM	( ) Delete
Name:	SHAW, MICHAEL J	
Address:	509 S. PONCE DE LEON BLVD.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	MGRM	( ) Delete
Name:	STERLING, JAMES H III	
Address:	509 SOUTH PONCE DE LEON BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

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: JULIA SHAW MGRM 01/29/2009

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