

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049118

FILED
Feb 01, 2009
Secretary of State

Entity Name: OLD LACKEY GAP ROAD, LLC

Current Principal Place of Business:

153 107 AVENUE
TREASURE ISLAND, FL 33706

New Principal Place of Business:

11620 7 STREET E
TREASURE ISLAND, FL 33706

Current Mailing Address:

153 107 AVENUE
TREASURE ISLAND, FL 33706

New Mailing Address:

11620 7 STREET E
TREASURE ISLAND, FL 33706

FEI Number: 20-4876468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, GAIL A MGRM
153 107 AVENUE
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

BYRNE, GAIL A MGRM
11620 7 STREET E
TREASURE ISLAND, FL 33706 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: GAIL A. BYRNE

02/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BYRNE, GAIL A MGRM
Address: 153 107 AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: MRG (X) Delete
Name: BYRNE, LESLIE W MGR
Address: 153 107 AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BYRNE, GAIL A MGRM
Address: 11620 7 STREET E
City-St-Zip: TREASURE ISLAND, FL 33706

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: GAIL A. BYRNE

MGRM

02/01/2009

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