2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050497

Entity Name: MONTECITO NORTHVIEW MANAGEMENT, LLC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7785 BAYMEADOWS WAY 1307 WEST 6TH ST, STE 204

SUITE 200 CORONA, CA 92882 JACKSONVILLE, FL 32256

Current Mailing Address: New Mailing Address:

7785 BAYMEADOWS WAY 1307 WEST 6TH ST, STE 204

SUITE 200 CORONA, CA 92882 JACKSONVILLE, FL 32256

FEI Number: 20-4884580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROGERS, WILLIAM S JR.
7785 BAYMEADOWS WAY, STE 200
JACKSONVILLE, FL 32256 US
ROGERS, WILLIAM S JR.
1538 THE GREENS WAY, STE 105
JACKSONVILLE BEACH, FL 32250 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.

ADDITIONS/CHANGES:

SIGNATURE: 04/28/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 CONK, EDWARD W
 Name:
 CONK, EDWARD W

 Address:
 820 STATE STREET, STE 303
 Address:
 5215 N. O'CONNOR BLVD, STE 1785

City-St-Zip: SANTA BARBARA, CA 93101 City-St-Zip: IRVING, TX 75039

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: CONK, JOELLYN Name: CONK, JOELLYN

 Address:
 820 STATE STREET, STE 303
 Address:
 5215 N. O'CONNOR BLVD, STE 1785

 City-St-Zip:
 SANTA BARBARA, CA 93101
 City-St-Zip:
 IRVING, TX 75039

Title: MGR () Delete Title: MGR (X) Change () Addition Name: CONK, CHRISTOPHER Name: CONK, CHRISTOPHER

Address: 820 STATE STREET, STE 303 Address: 5215 N. O'CONNOR BLVD, STE 1785

City-St-Zip: SANTA BARBARA, CA 93101 City-St-Zip: IRVING, TX 75039

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: EDWARD W. CONK MGR 04/28/2009