

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054395

Entity Name: 1120 BELCHER RD LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

500 N WESTSHORE BLVD STE 405
TAMPA, FL 33609

New Principal Place of Business:

4010 WEST STATE STREET
#201
TAMPA, FL 33609

Current Mailing Address:

PO BOX 24282
TAMPA, FL 33623

New Mailing Address:

FEI Number: 20-5021485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CISNEROS, FRANK G JR
500 N WESTSHORE BLVD STE 405
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

CISNEROS, FRANK G JR
4010 WEST STATE STREET
#201
TAMPA, FL 33609 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:

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CISNEROS, FRANK G JR
Address: 500 N WESTSHORE BLVD STE 405
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: CISNEROS, J CARLOS
Address: 500 N WESTSHORE BLVD STE 405
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CISNEROS, FRANK G JR
Address: 4010 WEST STATE STREET #201
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Change () Addition
Name: CISNEROS, J CARLOS
Address: 4010 WEST STATE STREET #201
City-St-Zip: TAMPA, FL 33609

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: FRANK G. CISNEROS JR.

MGRM

04/21/2009

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