

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000067155

FILED
Oct 19, 2009
Secretary of State**Entity Name:** FINS 'N FEATHERS LLC**Current Principal Place of Business:**5160 SAINT ANDREWS ISLAND DRIVE
VERO BEACH, FL 32967 US**New Principal Place of Business:**2550 SOUTH BAYSHORE DRIVE
SUITE 206
COCONUT GROVE, FL 33133 US**Current Mailing Address:**5160 SAINT ANDREWS ISLAND DRIVE
VERO BEACH, FL 32967 US**New Mailing Address:**2550 SOUTH BAYSHORE DRIVE
SUITE 206
COCONUT GROVE, FL 33133 US**FEI Number:** 20-5165424**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOMECOURT HOSPITALITY, LLC
5160 SAINT ANDREWS ISLAND DR.
VERO BEACH, FL 32967 US**Name and Address of New Registered Agent:**HOMECOURT HOSPITALITY, LLC
2550 SOUTH BAYSHORE DRIVE
SUITE 206
COCONUT GROVE, FL 33133 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: JAMES TURNER

10/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: TURNER, JAMES W
Address: 5160 SAINT ANDREWS ISLAND DRIVE
City-St-Zip: VERO BEACH, FL 32967 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: TURNER, JAMES W
Address: 190 ISLA DORADA BLVD.
City-St-Zip: CORAL GABLES, FL 33142 US

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: JAMES TURNER

MGR

10/19/2009

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