

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069612

Entity Name: CIVITAN COURT, LLC

FILED
Jul 18, 2008
Secretary of State

Current Principal Place of Business:

4747 HOLLYWOOD BLVD.
SUITE 270
HOLLYWOOD, FL 33021

Current Mailing Address:

4747 HOLLYWOOD BLVD.
SUITE 270
HOLLYWOOD, FL 33021

New Principal Place of Business:

4747 HOLLYWOOD BLVD.
SUITE 101- #270
HOLLYWOOD, FL 33021

New Mailing Address:

4747 HOLLYWOOD BLVD.
SUITE 101- #270
HOLLYWOOD, FL 33021

FEI Number: 72-1619633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOLDBERG, CARL
4747 HOLLYWOOD BLVD.
SUITE 270
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GOLDBERG, CARL
4747 HOLLYWOOD BLVD.
SUITE 101- #270
HOLLYWOOD, FL 33021 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: CARL GOLDBERG

07/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDBERG, CARL
Address: 4747 HOLLYWOOD BLVD.
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDBERG, CARL
Address: 4747 HOLLYWOOD BLVD. SUITE 101- #270
City-St-Zip: HOLLYWOOD, FL 33021

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: CARL GOLDBERG

MGRM

07/18/2008

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