

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071867

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** TERN BAY COMMERCIAL GROUP L.L.C.

**Current Principal Place of Business:**

3501 WILD INDIGO LANE  
BONITA SPRINGS, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 474  
COLD SPRING HARBOR, NY 11724

**New Mailing Address:**

**FEI Number:** 20-5233427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KU & MUSSMAN, P.A.  
11098 BISCAYNE BLVD.  
301  
MIAMI, FL 33161 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VITALE, FRANCIS S  
Address: PO BOX 474  
City-St-Zip: COLD SPRING HARBOR, NY 11724

Title: MGR (X) Delete  
Name: VITALE, FRANCIS H  
Address: PO BOX 474  
City-St-Zip: COLD SPRING HARBOR, NY 11724

Title: MGR (X) Delete  
Name: VITALE, JENNIFER  
Address: PO BOX 474  
City-St-Zip: COLD SPRING HARBOR, NY 11724

Title: MGR (X) Delete  
Name: VITALE, CHRISTOPHER  
Address: PO BOX 474  
City-St-Zip: COLD SPRING HARBOR, NY 11724

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** FRANCIS VITALE

MGRM

04/30/2009

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