

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073413

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** SPACE COAST FLATS OF FLORIDA, LLC

**Current Principal Place of Business:**

16207 WEST STATE ROAD 50  
SUITE 401  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

16207 WEST STATE ROAD 50  
SUITE 401  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-5661579      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SHAVER, JAMES A  
16207 WEST STATE ROAD 50  
SUITE 401  
CLERMONT, FL 34711 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: MGR  
Name: SHAVER, JAMES A  
Address: 16207 WEST STATE ROAD 50, SUITE 401  
City-St-Zip: CLERMONT, FL 34711

Title: MGR  
Name: IRWIN, BENN S  
Address: 16207 WEST STATE ROAD 50, SUITE 401  
City-St-Zip: CLERMONT, FL 34711

I hereby 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 A SHAVER      MGR      04/25/2010

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