

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075652

FILED
Apr 02, 2009
Secretary of State

Entity Name: LIME AVENUE ENTERPRISES, LLC

Current Principal Place of Business:

1618 MAIN STREET
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1618 MAIN STREET
SARASOTA, FL 34236

New Mailing Address:

501 E KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602

FEI Number: 20-5305304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J
269 SOUTH OSPREY AVENUE
SUITE 100
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

WIAND, BURTON W
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602 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: BURTON W WIAND

04/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NADEL, MARGUERITE
Address: 3966 COUNTRYVIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Delete
Name: NADEL, ARTHUR
Address: 3966 COUNTRYVIEW DRIVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: CAR (X) Change () Addition
Name: BURTON WIAND, RECEIV, ER, APPT BY US DIST CT
Address: 501 E. KENNEDY BLVD, SUITE 1700
City-St-Zip: TAMPA, FL 33602

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: BURTON W WIAND

CAR

04/02/2009

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