2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# L06000099080

Entity Name: BLUFFS-VEST, LLC

Current Principal Place of Business:

400 INDIAN ROCKS ROAD, STE. D
BELLEAIR BLUFFS, FL 33770

New Principal Place of Business:

Current Mailing Address:

400 INDIAN ROCKS ROAD, STE. D
BELLEAIR BLUFFS, FL 33770

New Mailing Address:

FEI Number: 20-8252220 **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:

FORD, S. NEIL JR.
400 INDIAN ROCKS ROAD, STE. D
BELLEAIR BLUFFS, FL 33770 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: FORD, S. NEIL JR.
Address: 1130 CLEVELAND STREET, SUITE 270
City-St-Zip: CLEARWATER, FL 33755 US

Title: MGRM ( ) Delete
Name: STANLEY, BRYAN J
Address: 209 TURNER STREET
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FORD, S. NEIL JR.
Address: 400 INDIAN ROCKS ROAD, STE. D
City-St-Zip: BELLEAIR BLUFFS, FL 33770 US

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: S. NEIL FORD, JR. MGRM 08/27/2009

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