

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000106230

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BARNEGAT LIGHT PROPERTY, LLC

**Current Principal Place of Business:**

3476 MISTLETOE LANE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

3476 MISTLETOE LANE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:** 20-5824896

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BABB & ASSOCIATES, PA  
6390 YELLOW WOOD PLACE  
SARASOTA, FL 34241 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:** NELSON FELDMAN, JUDITH  
**Address:** 3476 MISTLETOE LANE  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** MGR  
**Name:** BASS, CAROL  
**Address:** 91 ROBINSWOOD DRIVE  
**City-St-Zip:** NEEDHAM, MA 02492

**Title:** MGR  
**Name:** FELDMAN, DAVID J  
**Address:** 32 MOUNT PLEASANT ROAD  
**City-St-Zip:** MORRISTOWN, NJ 07960

**Title:** MGR  
**Name:** FELDMAN, EDWARD L  
**Address:** 3797 BURNSIDE ROAD  
**City-St-Zip:** SEBASTOPOL, CA 95472

**Title:** MGR  
**Name:** FELDMAN, ROBERT C  
**Address:** 17520 APPLEWOOD LANE  
**City-St-Zip:** ROCKVILLE, MD 20855

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:** JUDITH FELDMAN

MBR

03/30/2011

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