

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110011

FILED
Mar 22, 2009
Secretary of State

Entity Name: INDIAN RIVER TURNPIKE & 441, LLC

Current Principal Place of Business:

300 S. PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

300 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Current Mailing Address:

300 S. PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

300 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIO, ALFRED
300 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PUGLIESE, ALVISE
Address: 2020 NW 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: MGRM () Delete
Name: DELUCA, JONATHAN
Address: 2200 NW 59TH STREET
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PUGLIESE, ALVISE
Address: 2020 NW 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MGR (X) Change () Addition
Name: DELUCA, JONATHAN
Address: 2200 NW 59TH STREET
City-St-Zip: BOCA RATON, FL 33496 US

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: ALVISE PUGLIESE

MGR

03/22/2009

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