

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111210

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: 22708 PICKEREL CIRCLE, LLC

**Current Principal Place of Business:**

22708 PICKEREL CIRCLE  
BOCA RATON, FL 33428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 681180  
PARK CITY, UT 84068 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WEPRIN, TODD B  
7000 W PALMETTO PARK ROAD  
SUITE 300  
BOCA RATON, FL 33433 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: MURRAY, JAMES F  
Address: PO BOX 681180  
City-St-Zip: PARK CITY, UT 84068 US

Title: MGRM ( ) Delete  
Name: MURRAY, MARCIA G  
Address: PO BOX 681180  
City-St-Zip: PARK CITY, UT 84068 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES MURRAY

MGRM

04/08/2009

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