

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009143

FILED
Mar 30, 2009
Secretary of State

Entity Name: ATLANTICBLUE HOSPITALITY (LAKEVILLE), LLC

Current Principal Place of Business:

122 E. TILLMAN AVENUE
LAKE WALES, FL 338534130

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1318
LAKE WALES, FL 338591318

New Mailing Address:

FEI Number: 20-8302884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, JD
122 E. TILLMAN AVENUE
LAKE WALES, FL 338534130 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 () Delete
Name: ALEXANDER, JD
Address: POB 1318
City-St-Zip: LAKE WALES, FL 33859

Title: MGR () Delete
Name: JENSEN, LISA R
Address: POB 1318
City-St-Zip: LAKE WALES, FL 33859

Title: MGR () Delete
Name: ADAMS, BEN R JR
Address: P.O. BOX 1318
City-St-Zip: LAKE WALES, FL 33859

ADDITIONS/CHANGES:

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

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: JD ALEXANDER

MGR

03/30/2009

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