

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000035663

**FILED  
Jan 12, 2009  
Secretary of State****Entity Name:** 9904 ALEGRIA WAY, LLC**Current Principal Place of Business:**3774 WHIDBEY WAY  
NAPLES, FL 34119**New Principal Place of Business:****Current Mailing Address:**3774 WHIDBEY WAY  
NAPLES, FL 34119**New Mailing Address:****FEI Number:** 20-8796817**FEI Number Applied For** ( )**FEI Number Not Applicable** ( )**Certificate of Status Desired** ( )**Name and Address of Current Registered Agent:**SULLIVAN, VINCENT  
3774 WHIDBEY WAY  
NAPLES, FL 34119 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:** SULLIVAN, VINCENT  
**Address:** 3774 WHIDBEY WAY  
**City-St-Zip:** NAPLES, FL 34119**Title:** MGRM ( ) Delete  
**Name:** SULLIVAN, LAURIE  
**Address:** 3774 WHIDBEY WAY  
**City-St-Zip:** NAPLES, FL 34119**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: VINCENT SULLIVAN

MG M

01/12/2009

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