

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000066680

FILED
Apr 28, 2009
Secretary of State

Entity Name: ULMERTON ROAD REAL ESTATE HOLDINGS, LLC.

Current Principal Place of Business:

7030 ULMERTON ROAD
LARGO, FL 33771 US

New Principal Place of Business:

Current Mailing Address:

2551 GULF TO BAY BOUELVARD
CLEARWATER, FL 33765 US

New Mailing Address:

1822 N BELCHER ROAD SUITE 100
CLEARWATER, FL 33765 US

FEI Number: 26-0413241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, VIKALP
2551 GULF TO BAY BOUELVARD
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

PATEL, VIKALP
1822 N BELCHER ROAD SUITE 100
CLEARWATER, FL 33765 US

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:

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, VIKALP
Address: 2551 GULF TO BAY BOUELVARD
City-St-Zip: CLEARWATER, FL 33765 US

Title: MGRM () Delete
Name: MEHTA, NIRAV
Address: 12 WINDING RIDGE WAY
City-St-Zip: WARREN, NJ 07059 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, VIKALP
Address: 1822 N BELCHER ROAD SUITE 100
City-St-Zip: CLEARWATER, FL 33765 US

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: VIKALP PATEL

MGRM

04/28/2009

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