

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076779

FILED
Feb 13, 2009
Secretary of State

Entity Name: MAINSAIL BVI PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

5108 EISENHOWER BLVD
TAMPA, FL 33634

New Principal Place of Business:

4602 EISENHOWER BLVD
TAMPA, FL 33634

Current Mailing Address:

5108 EISENHOWER BLVD
TAMPA, FL 33634

New Mailing Address:

4602 EISENHOWER BLVD
TAMPA, FL 33634

FEI Number: 26-0584857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORLEW, JULIANNE V
5108 EISENHOWER BLVD
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

CORLEW, JULIANNE V
4602 EISENHOWER BLVD
TAMPA, FL 33634 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:

02/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLLIER, JOE III
Address: 5108 EISENHOWER BLVD
City-St-Zip: TAMPA, FL 33634

Title: MGRM () Delete
Name: CORLEW, JULIANNE V
Address: 5108 EISENHOWER BLVD
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLLIER, JOE III
Address: 4602 EISENHOWER BLVD
City-St-Zip: TAMPA, FL 33634

Title: MGRM (X) Change () Addition
Name: CORLEW, JULIANNE V
Address: 4602 EISENHOWER BLVD
City-St-Zip: TAMPA, FL 33634

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: JULIANNE V. CORLEW

VP

02/13/2009

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