

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091668

FILED
Apr 08, 2009
Secretary of State

Entity Name: COUNTY INVESTMENT COMPANY, LLC

Current Principal Place of Business:

1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401 PB

Current Mailing Address:

1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401 PB

New Principal Place of Business:

1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECCLESTONE, LLWYD
1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

ECCLESTONE, E LLWYD
1555 PALM BEACH LAKES BLVD.
SUITE 1100
WEST PALM BEACH, FL 33401 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: E LLWYD ECCLESTONE

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ECCLESTONE, LLWYD TRUSTEE
Address: 1555 PALM BEACH LAKES BLVD., SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401 PB

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ECCLESTONE, LLWYD TRUSTEE
Address: 1555 PALM BEACH LAKES BLVD # 1100
City-St-Zip: WEST PALM BEACH, FL 33401 PB

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: NANNETTE GAMMON

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04/08/2009

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