2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# L07000122924

Entity Name: FALCON F20, LLC

Current Principal Place of Business:

2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

1901 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address:

2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

1901 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 26-1552368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GATTI, WALTER J
2060 SOUTH PATRICK DRIVE
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

JENSEN, JAMES W
1901 HIGHWAY A1A
INDIAN HARBOUR BEACH, FL 32937 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: JAMES JENSEN 06/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MR ( ) Delete
Name: GATTI, WALTER J
Address: 2060 SOUTH PATRICK DRIVE
City-St-Zip: INDIAN HARBOUR BEACH, DL 32937

ADDITIONS/CHANGES:

Title: MR (X) Change ( ) Addition
Name: JENSEN, JAMES W
Address: 1901 HIGHWAY A1A
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: JAMES JENSEN MM 06/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date