

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009412

Entity Name: FLORIDA GAELS, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

515 NORTH FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

515 NORTH FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

515 NORTH FLAGLER DRIVE, STE. 900  
SUITE 900  
WEST PALM BEACH, FL 33401

## New Mailing Address:

515 NORTH FLAGLER DRIVE, STE. 900  
SUITE 900  
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:

FITZGERALD, E. COLE III ESQ  
515 NORTH FLAGLER DRIVE, STE. 900  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

FITZGERALD, E. COLE III ESQ  
515 NORTH FLAGLER DRIVE, STE. 900  
SUITE 900  
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. COLE FITZGERALD, III

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FITZGERALD, E. COLE III  
Address: 515 NORTH FLAGLER DRIVE, STE. 900  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

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: E. COLE FITZGERALD, III

MGR

04/30/2009

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