

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027729

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE COURTYARD AT SULTAN, LLC

Current Principal Place of Business:

1198 SE PETUNIA AVENUE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1198 SE PETUNIA AVENUE
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 26-2214384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHILD, BONNIE
1198 SE PETUNIA AVENUE
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LANDCO INVESTMENTS CORPORATION
Address: 1060 PORT ST. LUCIE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: O'DONNELL, NICOLE
Address: 131 SWAIM AVENUE
City-St-Zip: STATEN ISLAND, NY 10312

Title: MGRM () Delete
Name: ADVANCED ELECTRONIC SOLUTIONS, INC.
Address: 15-03 132ND STREET
City-St-Zip: COLLEGE POINT, NY 11356

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONNIE SHILD

PRES

04/30/2009

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