

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031543

Entity Name: EDWARD J BISCONTI, LLC

FILED
Jun 18, 2009
Secretary of State

Current Principal Place of Business:

120 N OCEAN BLVD. S-4
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

1467 VILLA JUNO DRIVE, N
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

120 N OCEAN BLVD. S-4
DELRAY BEACH, FL 33483 US

New Mailing Address:

1467 VILLA JUNO DRIVE, N
NORTH PALM BEACH, FL 33408 US

FEI Number: 80-0165853 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:

BISCONTI, EDWARD J
310 SE 3RD AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

BISCONTI, EDWARD J
1467 VILLA JUNO DRIVE, N
NORTH PALM BEACH, FL 33408 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: EDWARD J. BISCONTI

06/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BISCONTI, EDWARD J
Address: 310 SE 3RD AVE
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BISCONTI, EDWARD J
Address: 1467 VILLA JUNO DRIVE, N
City-St-Zip: NORTH PALM BEACH, FL 33408 US

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: EDWARD J. BISCONTI

MGRM

06/18/2009

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