2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L08000034642

Entity Name: 2169 ANDREA LANE, LLC

Current Principal Place of Business:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BLVD., SUITE 300
BONITA, FL 34135

New Principal Place of Business:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BLVD., SUITE 300
BONITA, FL 34135 US

Current Mailing Address:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BLVD., SUITE 300
BONITA, FL 34135

New Mailing Address:

C/O CUMMINGS & LOCKWOOD LLC
8000 HEALTH CENTER BLVD., SUITE 300
BONITA, FL 34135 US

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

Name and Address of Current Registered Agent:

CLASP, INC.
3001 TAMIAMI TRAIL N.
4TH FLOOR
NAPLES, FL 34103 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: LOVEJOY, L. DIANE
Address: 8000 HEALTH CENTER BLVD., #400
City-St-Zip: BONITA SPRINGS, FL 34135 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: L. DIANE LOVEJOY MGR 03/12/2009

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