

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000042880

Entity Name: 27310 OAK KNOLL DRIVE, LLC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

800 N. COLLIER BLVD.  
SUITE 203  
MARCO ISLAND, FL 34145

## New Principal Place of Business:

9180 GALLERIA COURT  
SUITE #400  
NAPLES, FL 34109

## Current Mailing Address:

800 N. COLLIER BLVD.  
SUITE 203  
MARCO ISLAND, FL 34145

## New Mailing Address:

9180 GALLERIA COURT  
SUITE #400  
NAPLES, FL 34109

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAW OFFICES OF SCOTT M. KETCHUM, P.A.  
800 N. COLLIER BLVD.  
SUITE 203  
MARCO ISLAND, FL 34145 US

## Name and Address of New Registered Agent:

LAW OFFICES OF SCOTT M. KETCHUM, P.A.  
9180 GALLERIA CT.  
SUITE #400  
NAPLES, FL 34109 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: LAW OFFICES OF SCOTT M. KETCHUM, P.A.

04/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KETCHUM, SCOTT M  
Address: 800 N. COLLIER BLVD., SUITE 203  
City-St-Zip: MARCO ISLAND, FL 34145

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KETCHUM, SCOTT M  
Address: 9180 GALLERIA CT. - SUITE #400  
City-St-Zip: NAPLES, FL 34109

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: SCOTT M. KETCHUM

MGR

04/16/2009

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