

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069730

FILED
Jun 26, 2009
Secretary of State

Entity Name: 842 SW NICHOLS TERRACE, LLC

Current Principal Place of Business:

842 SW NICHOLS TERRACE
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

842 SW NICHOLS TERRACE
PORT ST. LUCIE, FL 34953

New Mailing Address:

789 SW FEDERAL HWY
102
STUART, FL 34994 US

FEI Number: 26-3781036 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:

STEINBERG, DANIEL J
842 SW NICHOLS TERRACE
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

STEINBERG, DANIEL J
2355 N.E. OCEAN BLVD., UNIT 8-B
STUART, FL 34996 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: _____

06/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STEINBERG, DANIEL J
Address: 2355 N.E. OCEAN BLVD., UNIT 8-B
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: ROSE, JOHN L
Address: 4436 S.W. HONEY TERRACE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

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: DANIEL J STEINBERG

MGRM

06/26/2009

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