

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000078595

Entity Name: 380 CENTRAL AVENUE LLC

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

350 5TH AVENUE S. STE 202
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

350 5TH AVENUE S. STE 202
NAPLES, FL 34102

New Mailing Address:

FEI Number: 26-3246153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANADA, ARTHUR L
350 5TH AVENUE S. STE 202
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

CANADA, ARTHUR L
350 5TH AVENUE S.
SUITE 202
NAPLES, FL 34102 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: ARTHUR L CANADA

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CANADA, ARTHUR L
Address: 350 5TH AVENUE S. STE 202
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: CANADA, MARGUERITE A
Address: 350 5TH AVENUE S. STE 202
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: CANADA, TAYLOR W
Address: 350 5TH AVENUE S. STE 202
City-St-Zip: NAPLES, FL 34102

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: ARTHUR L CANADA

MGR

01/07/2009

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