

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000079312

FILED
Mar 02, 2009
Secretary of State

Entity Name: EARTHMARK TREASURE COAST MITIGATION LLC

Current Principal Place of Business:

12800 UNIVERSITY DRIVE, SUITE 400
FT. MYERS, FL 33907

New Principal Place of Business:

12800 UNIVERSITY DRIVE
SUITE 400
FT. MYERS, FL 33907

Current Mailing Address:

2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

New Mailing Address:

2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
20 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GY CORPORATE SERVICES, INC.
20 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI, FL 33131 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:

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CORDELLO, DOUGLAS
Address: 12800 UNIVERSITY DRIVE, SUITE 400
City-St-Zip: FT. MYERS, FL 33907

Title: MGR () Delete
Name: ROSEN, MICHAEL
Address: 12800 UNIVERSITY DRIVE, SUITE 400
City-St-Zip: FT. MYERS, FL 33907

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: DOUGLAS CORDELLO

MGR

03/02/2009

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