

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080856

FILED
Jan 29, 2009
Secretary of State

Entity Name: COURTYARD ENTERPRISES OF PORT CHARLOTTE LLC

Current Principal Place of Business:

24247 RIVERFRONT DRIVE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

24247 RIVERFRONT DRIVE
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 80-0245500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIQUIJOR, ALEX
24247 RIVERFRONT DRIVE
PORT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

SIQUIJOR, ALEX P MR
24247 RIVERFRONT DRIVE
PORT CHARLOTTE, FL 33980 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: ALEX SIQUIJOR

01/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIQUIJOR, ALEX
Address: 24247 RIVERFRONT DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM () Delete
Name: SIQUIJOR, ALAN
Address: 4 GRANADA CRESCENT APT 14
City-St-Zip: WHITE PLAINS, NY 40603

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIQUIJOR, ALEX P MR
Address: 24247 RIVERFRONT DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: MGRM (X) Change () Addition
Name: SIQUIJOR, ALAN P MR
Address: 4 GRANADA CRESCENT APT 14
City-St-Zip: WHITE PLAINS, NY 40603

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: ALEX SIQUIJOR

MR

01/29/2009

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