

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089799

Entity Name: FLORIDA GULF REALTY, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

PALMER EXECUTIVE OFFICE BLDG
8586 POTTER PARK DRIVE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

406 WATERSIDE LANE
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 26-3426847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADULA, NORMAN ANTHONY
PALMER EXECUTIVE OFFICE BLDG.
8586 POTTER PARK DRIVE
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

PADULA, NORMAN A MGRM
PALMER EXECUTIVE OFFICE BLDG.
8586 POTTER PARK DRIVE
SARASOTA, FL 34238 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: NORMAN A. PADULA

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PADULA, NORMAN ANTHONY
Address: 406 WATERSIDE AVENUE
City-St-Zip: NOKOMIS, FL 34275

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PADULA, NORMAN A MGRM
Address: 406 WATERSIDE LANE
City-St-Zip: NOKOMIS, FL 34275

Title: TRES () Change (X) Addition
Name: PADULA, SANDRA TRES.
Address: 406 WATERSIDE LANE
City-St-Zip: NOKOMIS, FL 34275

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: NORMAN A. PADULA

MGRM

04/15/2009

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