2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090854

Address:

City-St-Zip:

Entity Name: LOST TREE VILLAGE REALTY, LLC

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11237 LOST TREE WAY NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 11237 LOST TREE WAY NORTH PALM BEACH, FL 33408 FEI Number: 59-1216913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES FOSTER SERVICE, LLC 505 S. FLAGLER DR., STE. 1100 WEST PALM BEACH, FL 33401 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: **PRES** () Change (X) Addition SIMCOKE, JAMES Name: Name: Address: Address: 11970 TURTLE BEACH RD City-St-Zip: City-St-Zip: NORTH PALM BEACH, FL 33408 () Change (X) Addition Title: Title: SEC () Delete Name: Name: FARRELL, SUSAN Address: Address: 11237 LOST TREE WAY City-St-Zip: City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: TREA () Change (X) Addition SHALLCROSS, HOWARD Name: Name:

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.

Address:

City-St-Zip:

11805 TURTLE BEACH RD

NORTH PALM BEACH, FL 33408

SIGNATURE: SUSAN FARRELL SEC 01/12/2009