

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098944

Entity Name: 5221 SANBOURNE, LLC

FILED
Jul 03, 2009
Secretary of State

Current Principal Place of Business:

441 NORTH HARBOR CITY BLVD D-4
MELBOURNE, FL 32935

New Principal Place of Business:

441 NORTH HARBOR CITY BLVD
D-4
MELBOURNE, FL 32935

Current Mailing Address:

441 NORTH HARBOR CITY BLVD D-4
MELBOURNE, FL 32935

New Mailing Address:

441 NORTH HARBOR CITY BLVD
D-4
MELBOURNE, FL 32935

FEI Number: 26-3583218 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIED, HOWARD
441 NORTH HARBOR CITY BLVD D-4
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: HEF GROUP LLC
Address: 441 NORTH HARBOR CITY BLVD D-4
City-St-Zip: MELBOURNE, FL 32935

Title: MGRM () Delete
Name: HAYLEY ELIZABETH FRIED IRREVOKABLE TRUST
Address: 7717 AUDUBON DRIVE
City-St-Zip: RALEIGH, NC 27615

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: HOWARD FRIED

MR.

07/03/2009

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