

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100326

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: 512 SE COLLINS ST PB LLC

## Current Principal Place of Business:

511 SW PT ST LUCIE BLVD  
PT ST LUCIE, FL 34953 US

## New Principal Place of Business:

## Current Mailing Address:

511 SW PT ST LUCIE BLVD  
PT ST LUCIE, FL 34953 US

## New Mailing Address:

FEI Number: 26-3597649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GROZA, JOHN A  
1417 SW OSPREY COVE  
PT ST LUCIE, FL 34958 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: GROZA, PATRICIA A  
Address: 1417 SW OSPREY COVE  
City-St-Zip: PT ST LUCIE, FL 34958 US

Title: MGRM ( ) Delete  
Name: GROZA, JOHN A  
Address: 1417 SW OSPREY COVE  
City-St-Zip: PT ST LUCIE, FL 34958 US

Title: MGR ( ) Delete  
Name: GROZA, JOHN  
Address: 2062 SW HAMPSHIRE LN  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGR ( ) Delete  
Name: SZARY, NICOLIA  
Address: 1326 SW BRIARWOOD DR  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGR ( ) Delete  
Name: LYONS, ANGELIQUE  
Address: 1730 SW MOCKINGBIRD DR  
City-St-Zip: PT ST LUCIE, FL 34986 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA A GROZA

MGR

04/21/2009

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