2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110551

Address:

City-St-Zip:

Entity Name: 8978 MUSTANG ISLAND, LLC

COIRE NA CISTE, LE COIN COLIN, ST. MARTINS

GUERNSEY GY4 6AQ, CHANNEL IS, UK GY4 6AQ UK

FILED Feb 08, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: COIRE NA CISTE, LE COIN COLIN, ST. MARTINS **GUERNSEY GY4 6AQ** CHANNEL ISLANDS, UK GY4 6AQ UK **Current Mailing Address: New Mailing Address:** COIRE NA CISTE, LE COIN COLIN, ST. MARTINS **GUERNSEY GY4 6AQ** CHANNEL ISLANDS, UK GY4 6AQ UK FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAYMOND J. BOWIE, ESQ., CHARTERED 900 6TH AVE SOUTH #104 NAPLES, FL 34102 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: Title: () Change () Addition () Delete BENNETT, NICOL JONATHAN Name: Name: Address: COIRE NA CISTE, LE COIN COLIN, ST. MARTINS Address: City-St-Zip: GUERNSEY GY4 6AQ, CHANNEL IS, UK GY4 6AQ UK City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BENNETT, VIKKI ANN 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: NICOL BENNETT MR 02/08/2009