

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110863

FILED
May 28, 2009
Secretary of State

Entity Name: BANYAN MANAGEMENT GROUP LLC

Current Principal Place of Business:

1001 SOUTH INDIAN RIVER DRIVE
FT PIERCE, FL 34950

New Principal Place of Business:

801 SOUTH OCEAN BOULEVARD
#1001
FT PIERCE, FL 34949 US

Current Mailing Address:

1001 SOUTH INDIAN RIVER DRIVE
FT PIERCE, FL 34950

New Mailing Address:

801 SOUTH OCEAN BOULEVARD
#1001
FT PIERCE, FL 34949 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HEINEMANN, THEODORE J
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 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: MGR () Delete
Name: BLACKBURN, STEPHEN
Address: 1001 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34950

Title: PT (X) Delete
Name: BLACKBURN, STEPHEN
Address: 1001 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34950

Title: MGR (X) Delete
Name: STEIKLEATHER, GRAHAM
Address: 1001 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34950

Title: VPS (X) Delete
Name: STEIKLEATHER, GRAHAM
Address: 1001 SOUTH INDIAN RIVER DRIVE
City-St-Zip: FT PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STIKLEATHER, GRAHAM
Address: 801 SOUTH OCEAN BOULEVARD, #1001
City-St-Zip: FT PIERCE, FL 34949 US

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: GRAHAM STIKLEATHER

MGR

05/28/2009

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