

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000084526

Entity Name: GAVESON COURT, LLC

FILED
Jan 12, 2010
Secretary of State

Current Principal Place of Business:

6913 IL REGALO CIRCLE
NAPLES, FL 34109 US

New Principal Place of Business:

14137 ISLAMORADA DRIVE
ORLANDO, FL 32837 US

Current Mailing Address:

6913 IL REGALO CIRCLE
NAPLES, FL 34109 US

New Mailing Address:

14137 ISLAMORADA DRIVE
ORLANDO, FL 32837 US

FEI Number: 27-0842240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLOSSBERG, SCOTT D
6913 IL REGALO CIRCLE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

TAMBERRINO, SUZANNE S
14137 ISLAMORADA DRIVE
ORLANDO, FL 32837 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: SUZANNE S TAMBERRINO

01/12/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TAMBERRINO, SUZANNE S
Address: 14137 ISLAMORADA DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: MR
Name: TAMBERRINO, NICHOLAS A
Address: 14137 ISLAMORADA DRIVE
City-St-Zip: ORLANDO, FL 32837 US

Title: MR
Name: SCHLOSSBERG, STEVEN AND KIM
Address: 100 EAST GRANADA BLVD.
City-St-Zip: ORMOND BEACH, FL 32176 US

Title: MS
Name: HART, STEPHANIE
Address: 120 WILDERNESS TRAIL
City-St-Zip: CRESCENT CITY, FL 32112 US

Title: MR
Name: SCHLOSSBERG, SCOTT&SHELLEY
Address: 6913 IL REGALO CIRCLE
City-St-Zip: NAPLES, FL 34109 US

I hereby 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: SUZANNE S TAMBERRINO

MGRM

01/12/2010

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