

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L93000000181

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** XENTURY CITY DEVELOPMENT COMPANY, L.C.

**Current Principal Place of Business:**

7575 DR. PHILLIPS BLVD.  
SUITE 260  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7575 DR PHILLIPS BLVD.  
SUITE 260  
ORLANDO, FL 32819

**New Mailing Address:**

7575 DR. PHILLIPS BLVD.  
SUITE 260  
ORLANDO, FL 32819

**FEI Number:** 59-3195020

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POPE, NICHOLAS A  
215 N. EOLA DRIVE  
ORLANDO, FL 32801 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: THOMAS, JAMES W  
Address: 1377 OAK GROVE PLACE  
City-St-Zip: WESTLAKE VILLAGE, CA 91362 US

Title: MGR ( ) Delete  
Name: TOUMAZOS, DIMITRI N  
Address: 7575 DR. PHILLIPS BLVD., STE. 260  
City-St-Zip: ORLANDO, FL 32819 US

**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:** DIMITRI N TOUMAZOS

MGR

02/18/2009

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